U.S. POPULATION POLICY AND U.S. POSITION AT THE UPCOMING CAIRO CONFERENCE

HEARING

BEFORE THE

COMMITTEE ON FOREIGN AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

JULY 12, 1994

Printed for the use of the Committee on Foreign Affairs

U.S. GOVERNMENT PRINTING OFFICE

82-386 CC WASHINGTON : 1994

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-046117-0

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CONTENTS

WITNESSES

APPENDIX

U.S. POPULATION POLICY AND U.S. POSITION AT THE UPCOMING CAIRO CONFERENCE

TUESDAY, JULY 12, 1994

HOUSE OF REPRESENTATIVES,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC.

The committee met, pursuant to call, at 10:05 a.m. in room 2172, Rayburn House Office Building, Hon. Lee H. Hamilton (chairman) presiding.

OPENING STATEMENT OF HON. LEE HAMILTON

Chairman HAMILTON. The committee will come to order.

The hearing today is on the important topic of U.S. population policy and the U.S. position at the upcoming International Conference on Population and Development, or the ICPD. This once-a-decade conference will be held this September in Cairo, Egypt. It represents an important opportunity for the nations of the world to unite in adopting a broad strategy for stabilizing world population.

The United States is the largest funder of population programs worldwide and has played a key role in formulating the plan of action to be adopted in Cairo. I think it is useful for this committee to gain the perspective of the outside experts here today on the U.S. position at the conference.

I want to thank our distinguished witnesses for taking time out of their very demanding schedules to come to Washington to testify before the committee on a critical and timely subject. Each, of course, is internationally known for work in population, public health, and development.

I would like to welcome Mrs. Margaret Catley-Carlson, president of the Population Council; Dr. Allan Rosenfield, dean of the Columbia School of Public Health; the Honorable Barber Conable, former Member of Congress and a distinguished colleague of ours, former president of the World Bank. Of course, it is good to have him back with us. And we also have Dr. Samuel Preston, professor of demography at the University of Pennsylvania.

I understand that we may have some noncommittee members joining us at a later point. And I, of course, welcome them, and they will be joining us because of their interest in and knowledge of population and development issues.

In particular, I want to extend a word of appreciation to Mr. Beilenson and Mrs. Schroeder, who will be co-chairing the House delegation, for joining us. In addition, Ms. Morella and Mr. Porter, who have been leaders in Congress on population, will also join us I think later on. Each of them have played an important role and

have had a sustained commitment to and leadership on the critical question of stabilizing population.

The four witnesses have brief opening statements, I am told. That will be followed, of course, by an opportunity for members to ask witnesses questions pertaining to their testimony or to the U.S. population policy broadly.

I will call on the members according to the order in which they entered the hearing. I am advised that one of my colleagues here has a statement.

Mr. Sawyer, we are very pleased to have you and I will ask any of the others if they have statements as well.

Mr. Sawyer.

STATEMENT OF HON. TOM SAWYER

Mr. SAWYER. Mr. Chairman, I will spare the witnesses and the members of the committee the depth of my opening statement and submit it for the record, with unanimous consent, and just add that I would like to thank you for scheduling this hearing and let you know that we are doing some work on the Census Statistics Subcommittee on these issues to help to prepare for the Cairo conference.

[The prepared statement of Mr. Sawyer appears in the appendix.]

Chairman HAMILTON. Thank you very much, Mr. Sawyer. Without objection, the statement will be entered into the record.

Mr. Beilenson, I already mentioned the fact that you would be here. We are delighted to have you, sir, joining us again and I will ask any of my colleagues if they have opening statements to make.

Mr. SMITH. Mr. Chairman.

Chairman HAMILTON. Mr. Smith.

STATEMENT OF HON. CHRISTOPHER SMITH

Mr. SMITH. Thank you, Mr. Chairman.

I want to welcome our panel to our hearing this morning.

Mr. Chairman, some of the world's most powerful, rich, all-knowing elitists think that there are just too many of us walking around and are taking draconian steps to impose a final solution to rid the planet once and for all of big families and hundreds of millions of little children. Developing countries are slated to absorb the biggest hit in the years ahead if the new U.N. plan of action is adopted in Cairo in September.

You can be sure, Mr. Chairman, that the population extremists dishing it out as part of a master plan won't be sacrificing their own lives on the altar of numbers reduction, but rather will suggest a more docile expendable segment of humanity for extermination: namely, unborn children.

Abortion on demand is being touted this year as a means of thinning the herd, as if human beings were cattle or deer. This approach absolutely devalues, devastates, and dehumanizes unborn babies of all races, colors, and gender. This approach, in my view, is antichild.

The push for global abortion on demand, with President Bill Clinton taking the lead, is an ominous turn from a decade ago. At the 1984 U.N. population conclave in Mexico City, the delegates

agreed by consensus that, and I quote, "abortion in no way should be promoted as a method of family planning,".

Between then and now the United Nations has approved the Convention on the Rights of the Child. You may find it of interest, Mr. Chairman, to know that I served as the congressional delegate to the U.N. in 1989 and delivered the U.S. position in favor of that convention, and that statement said in part:

"The United States fully supports the inclusion within the preamble of the convention language from the 1959 Declaration of the Rights of the Child confirming that the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection before as well as after birth."

"Children both born and unborn are precious," the statement went on to say, "and extremely vulnerable. Governments have a duty and a sacred obligation to protect these children to the maximum extent possible."

Yet today, Mr. Chairman, in a radical flip-flop in U.S. priorities, our country with its abortion President, Mr. Clinton, is trying to force developing countries to embrace the butchering of unborn children. The simple fact of the matter is that abortion on demand is child abuse and in no way can be construed as humane or compassionate or as a means of reducing the number of children. Abortion methods include dismemberment of innocent children with razor-blade-tipped suction devices or injections of chemical poisons designed to kill the child.

Peel away the euphemisms, Mr. Chairman, that sanitize abortion, and the cruelty to children and their mothers becomes readily apparent to anyone with an open mind.

Today, Mr. Chairman, approximately 100 countries around the world recognize the inherent cruelty of abortion and have laws on the books to protect the lives of their unborn children. If Mr. Clinton and other pro-abortionists have their way, however, pro-life laws would be nullified in these developing countries and a new baby holocaust would ensue.

I would point out for the record that the administration, in my view, is so obsessed with promoting abortion on demand that the State Department recently cabled every U.S. Embassy and mission abroad to enlist our envoys' support in lobbying their respective governments in anticipation of the New York Prep Com meeting calling for, "stronger language on the importance of access to abortion." The cables call abortion on demand a priority issue for the United States and a fundamental right. I would note additionally that no concern whatsoever, Mr. Chairman, was expressed for the child victim of abortion.

Finally, let me note that the United Nations Population Fund, the lead U.S. agency for the upcoming Cairo meeting, continues to invite criticism for its complicity in China's one-child-per-couple policy. Since 1979 to today, the UNFPA has vigorously defended China's barbaric population control program despite the fact that the PRC relies heavily on forced abortion and forced sterilization to achieve its results. Sure they pay lip service. They say they are against that kind of thing. Meanwhile, they pay hundreds of millions of dollars. Their personnel work side by side with the cadres

in China victimizing the women, the men, and of course, the children.

To hear the UNFPA tell it, Mr. Chairman, China's program is, "voluntary," and as we all know, nothing could be further from the truth.

Let me just say finally, Mr. Chairman, no government, mind you, no U.N. agency, has the right to pressure families not to have children. Family size should be left up to the parents, not some bureaucrat with a plan in hand saying that one-, two-, or three-couple child policies are right for their particular country.

And finally abortion on demand is not an ethical means of family planning because it kills children and emotionally scars the mother.

[The prepared statement of Mr. Smith appears in the appendix.]

Mrs. MEYERS. Mr. Chairman.

Chairman HAMILTON. Mrs. Meyers.

STATEMENT OF HON. JAN MEYERS

Mrs. MEYERS. Just very briefly. I would like to present my opening statement for the record, if I may do that, but I would like to say I thank you for calling this hearing.

I do not think that there are too many people in the world, as commented by Mr. Smith, but I think a great many of us want to match the population to the resources of an area so that the people in the world can have a decent and happy life, and a healthy life.

Fortunately, none of us who favors family planning wants to use abortion as a means of family planning. That is not in our thinking at all, and when Mr. Smith comments on it, it does make it seem as if that is something that those of us who favor family planning wants to do. And I don't think any of us wants to do that.

We want to use it as a means to bring about more peace among people so that people are not hungry and sick and dying, so that they don't have to move on their neighbors to get resources.

Chairman HAMILTON. Thank you very much.

The chair just wants to acknowledge that Mr. Porter has joined us.

Mr. Porter, I have previously acknowledged your leadership in this effort. We are delighted to have you join us.

Are there any further statements?

If not, we will begin with the witnesses and I think we will just proceed, beginning with you, Mrs. Catley-Carlson, and proceed across the table. You may proceed.

STATEMENT OF MARGARET CATLEY-CARLSON, PRESIDENT, POPULATION COUNCIL

Mrs. CATLEY-CARLSON. Thank you very much, Mr. Chairman. It is a great pleasure for me to be here on behalf of the Population Council.

Let me begin as a non-American, as a Canadian, by noting my congratulations and appreciation for the role the United States has played in this issue over the years. There has been a constant role of leadership. It has changed over time, but I want to tell you that the repository of knowledge, of talent, and of a good deal of wisdom in this area lies within the United States, within USAID and the

agencies that it has funded over the years. So it is a pleasure for me to pay tribute to that.

It is a necessary part of leadership that change take place, and therefore I think it is appropriate that this body considers how the evolution of this issue should match the evolution of the world around us. The fact that policies have served us well does not mean that they should stay static.

Mr. Chairman, we put together a number of graphs that we thought might best present the population issues that the committee is looking at in preparation for the upcoming International Conference on Population and Development in Cairo.[1] Many of these will be familiar to a good number of the members. Some of them replicate pictures that were put before this committee at an earlier hearing. But I think if we go through these, they very graphically set out what some of the issues are and what some of the changes I referred to really must be.

The first place we usually start is, of course, looking at population numbers and the extraordinary growth that has taken place in the last decades. There is a great deal of debate about what the maximum carrying capacity of the world is. I am not sure it is a winnable debate, but what we can agree on is that countries that are already having an enormously difficult time accommodating population levels are going to have an even more difficult time when faced with the aggregate total in the developing world of 1 billion persons being added in the next two decades and probably the third decade out, which will have an impact on food supply, on the environmental impact of producing food, and all of the consequences which are well known.

These are increases, Mr. Chairman. In other words, these are births, and with modern development and medicine, these persons stay on the planet. None of us are offering to get off. Therefore, when you look at these numbers, you shouldn't look at these as total population because the total population is the accumulation of those born in a decade plus the impact of people living for 50, 60 years.

So what our planet is facing is the largest rate of population increase that the world has ever known. But look at top of that chart. That is phenomenally good news in the sense that the number of births is starting to decline. We are living at that time in the demographic transition when there are going to be less births in the decade ahead than there have been in the decade we are living in, and slightly fewer births in the decade after that.

So a good number of things are going properly. What we need to do is find that set of policies that will push down on those numbers so that, as the Representative said, we have a planet that can feed and offer shelter to its people.

Why is that bar chart going down? Why are we having fewer births per year than in earlier decades?

This is the subject of chart 2. Although contraceptives are not necessary to promote a decline in population—the decline in European population took place without the benefit of modern contra-

[1] The information appears in the appendix.

ceptives—they are a very useful way to do it; and when the world has choices, the world uses contraceptives.

In our world, contraceptive use is around 74–75 percent. As we can see, in the developing world there has been a spectacular increase, from under 10 percent four short decades ago to about 50 percent today. Any set of figures that includes China will always pull the figures in the direction of China, so therefore I must hasten to point out that the Chinese total is a larger number and, of course there are areas where contraceptive use is a great deal less, but contraceptive use is going up.

What this chart shows is that given choices and chances, people in developing countries move toward the same contraceptive usage as those that have the free choice of market systems and free availability through economic purchase, i.e., the industrialized world.

The result of contraceptive use as shown in chart 3, is the steady decline of the number of births per woman. It is an interesting fact, Mr. Chairman, that six is an historical average which doesn't have much reference to race or continent or creed or anything like that. Six is the historical average of number of births that women have had in all countries, all continents, all history. What we see here is the decline in family size in the developing world which very much parallels what took place in Europe in the 19th century, and what took place in North America in the first half of the 20th century. So we see the progression down toward stabilization which is just above two children per family; the number of births per woman is declining.

Here we see the inversion of what we saw in the last chart: contraceptive prevalence in the context of number of births still very high in Africa, sometimes as high as six, seven births per family; but in China the one child family has pulled their curve quite far down.

Another way of looking at this is set out in chart 4. It is optimistic to look at contraceptive prevalence while including the whole developing world, but if we remove the case of China, there is a lot of work to be done ahead because contraceptive prevalence in the whole developing world is probably about 40 percent. So there is a good deal more to be done.

The population size of the developing world is the subject of chart 5. Here we see another way of looking at the bar graphs in the first chart, which may elicit the following question: "If contraceptive prevalence is going up and if family size is going down, how is it that from the year 2000 we still have this enormous increase in projected births around the world?"

Of course, the answer to that is one of the reasons you have research organizations like the Population Council, because that is one of the things that we do, research into the determinants of fertility.

Why are we going to have this enormous increase? Our answer is given on the next page. It is a chart many of you have seen. The World Bank has used it. It is coming to be accepted as a good analysis of why population increase is going to occur.

It is important, Mr. Chairman, because it contains within it the policy prescriptions to guide U.S. policy or the policy of any govern-

ment that wants to seriously understand the causes of population growth.

Roughly we are talking about a dulling from current levels, a little less. If we look at the causes of that by the year 2100—106 years away—we find that about 2 billion of that growth is due to unwanted fertility. Another billion is due to high desired family size. But look at that bottom gradient, which is called population momentum. Because one out of three of us alive on the planet is under 15, or one out of two in Africa, even if we moved to contraceptive prevalence and low desired family size tomorrow morning, there would still be a tremendous momentum caused by the very young structure of the global population.

But there are some policy remedies; let's go through those. The first one: Unwanted or unplanned fertility. What can we do there?

What we have to try and do is respond to the demand of women and their families who have expressed a desire to limit fertility either through increased spacing or by bringing no more children into the family. The answer to that is expanding coverage and quality of services, an area which the U.S. Government, through USAID and others, has given a long and very notable contribution.

We also have to encourage cooperation between partners, reach the unmarried, and help find out why women who have services available are not able to use them. Is it fear of side effects? Is it family pressure, social pressures? What is it that prevents women who do wish to limit their fertility from using services when they are available? That 2 billion growth can be significantly affected by increasing services which are available.

The second part of that growth, Mr. Chairman, is the desired family size, and that accounts for about 1 billion, or one-fifth of the growth that we can foresee. Chart 9 shows fairly graphically that in all countries of the developing world women wish to have—and these are women's desires and I am emphasizing that—women wish to have more than two children.

Now, we turn the page and ask about the challenge that poses. Let us first of all acknowledge that a good deal of that desire for children is for the love of children, and thank goodness for all of us as a species. We would be a pretty unhappy species if the desires for family and children were not very strong. But there are also risk factors which are implicit in those desires for high family size, and those are the risk factors associated with the fear that a child may die. We do not see the importance of looking at infant mortality rates, and the inability of a lot of women to get access to credit and to the capital markets, and hence their need to consider children as a basic part of their social investment.

If the world can look at investment patterns that will reduce those risks, the risks of children dying and the risks that women have no other economic guarantees other than having children, then we will be on our way to helping to reduce high desired family sizes which are attributable to risk factors.

Most people working in population share the view that family size decision should be voluntary, but the fact is that over time in ideal circumstances family sizes have decreased in most parts of the world. Therefore what we are trying to do here is not change voluntary size but try and eliminate some of the risk factors.

And how do we do that? The last few charts set that out as graphically as we can. Chart 11 shows the enormous difference in the desired family size by the level of female education. Five children wanted by women that have no education, going down to below 3.5 children desired by women with secondary education. That is an equation that holds true country by country, continent by continent and also even income level by income level. It is an extremely powerful indicator of policy dynamics and the policy imperatives for the years ahead.

What can we do about the third and last imperative, which is that large increase which will be a result of the momentum caused by the very young age of planetary population?

What we can do is work to delay the onset and change the pace of childbearing. If we could increase the age of marriage and first sexual activity, if we could reverse the neglect of young women, if we could promote 5 years later the age of marriage, that would be powerful enough to eliminate 1 billion projected births from the overall planetary total. It is more powerful than the introduction of new contraceptives, although those are very necessary. But that would be the most powerful thing we could do.

Is that possible to do? We think it is. We are calling on the world to take a very careful look at what happens to young girls, and some of these charts show what happens, 45 million 12-year-olds in the South. What happens to them in the next few years in this momentum?

The best thing we can offer them is education, because not only does that lead to a lowered desired family size, look at what happens in chart 14 to the age after marriage. Those girls with secondary education usually have a pattern of marrying between 21 and 23. Those with no education marry at around the age of 17. So we are very close to the 5 years that could make a monumental difference in the overall total that the planet will reach.

In short and in sum, Mr. Chairman, chart 15 says what elements we think are necessary under population policy. First and foremost, fertility regulation, because it has to be available when attitudes change.

Social and economic opportunities for women.

More schooling, because it is so essential to family health, to nutrition, to improved agriculture, and to family size desires and contraceptive prevalence.

Child health and family and child rights, which framework all of these issues, have to be under our umbrella if our population policy is to succeed. Chart 16 sets those things out more literally.

And chart 17 answers a question that is often asked: If you do all of these instead of simply look at number of births, how can we evaluate what is really going on? We suggest here some evaluation criteria that could be based on some rather more sophisticated measures but which could be based on determining what the reproductive intention of people are and determining the extent to which these have been desired.

We say this, Mr. Chairman, in the confidence that those numbers will decline on a voluntary basis if women have economic rights, if they have legal rights, if children don't die, and if they have access to services.

The U.S. policy response which could come out of all this is set out on page 18. Obviously continuing to improve services has pride of place. We think that policy needs to be broadened.

NGO's need to be supported. We applaud the efforts that have taken place to try and educate people across this country and to communicate the congruence between the values and interests of this country and just population policies.

We also very much applaud the international leadership that the USA has taken in trying to interest other countries, both developing and developed, in this issue, an area that is enormously important.

The final chart on page 19 gives a graphic picture of what I have just said, and shows that there are a number of measures that we believe should be included in a policy response that could lead to a better world.

Thank you very much.

[The prepared statement of Mrs. Catley-Carlson appears in the appendix.]

Chairman HAMILTON. Thank you, Mrs. Catley-Carlson. Your statement, of course, will be entered into the record, including the charts.

Dr. Allan Rosenfield is the dean of Columbia School of Public Health.

Dr. Rosenfield.

STATEMENT OF ALLAN ROSENFIELD, DEAN, COLUMBIA SCHOOL OF PUBLIC HEALTH

Dr. ROSENFIELD. Thank you, Mr. Chairman, members of the Committee on Foreign Affairs. I appreciate the opportunity to be here for these hearings on a vitally important issue for all of us.

In addition to being dean of the School of Public Health at Columbia, I am also a professor of obstetrics and gynecology and have been deeply involved internationally in the fields of population and family planning and reproductive health for almost 30 years.

Let me first take this opportunity to commend the Clinton administration for the leadership role they have taken in joining with countries throughout the world in preparing for the ICPD. At a recent speech last week at the National Academy of Sciences, President Clinton stated, "The policies we promote must be based on enduring values promoting stronger families, having more responsibility from individual citizens, respecting human rights and deepening the bonds of community."

At the top of the U.S. agenda will be active support for efforts to invest in the women of the world. The approach is a positive and an appropriate one, which joins with most of the rest of the nations of the world in recognizing the importance of population growth, environmental degradation, and women's reproductive health and status.

Under Secretary Wirth, as the senior administration official, has represented our Nation well at the series of ICPD preparatory meetings. As the State Department has written recently preparations for the Cairo conference have been characterized by an extraordinary degree of international agreement.

I would like to comment briefly on international population and family planning programs since the late 1960's. Mrs. Catley-Carlson has already demonstrated some of these effects, so I will be very brief.

But I believe what has been accomplished, in an area so filled with sensitive issues and controversy, has been truly remarkable. We have indeed seen an extraordinary reproductive revolution take place in much of Asia and Latin America, with dramatic changes more recently in several countries in sub-Sahara.

The U.S. Government through USAID, during some 25 years, has played a major supporting role in this area. I was fortunate enough to see this change firsthand in one country, working in Thailand from 1967 to 1973. And I have been following their population and family planning programs ever since. It was an exciting time to be there, assisting the Thai Government in the establishment of what has since become one of the world's true family planning success stories, without the use of coercion, incentives or other potentially coercive interventions.

Because you have heard already about some of the demographic issues, I would like to focus in more on the interface between family planning and women's reproductive health, a priority issue on the ICPD draft plan of action.

First, contrary to some statements made this morning, I believe that the provision of family planning services helps to improve the health of women and children, helps to improve the status of women, helps women to achieve their stated goal of spacing or limiting the number of children they wish to have and helps to meet individual country demographic goals of a decrease in the rate of population increase.

But despite the fact that over 50 percent of women or their partners in developing countries are currently using effective contraceptive methods, there remain millions of additional women who have stated in surveys conducted throughout the world that they do not wish more children than they currently have but are not currently using contraception, in most cases because of problems of access.

However, in addition to family planning, there are other very important components of reproductive health that must be considered in the effort to meet the many needs of women.

I would like to focus very briefly on five issues which I have covered in more detail in my statement: gender, adolescent sexuality and pregnancy, STD's and HIV–AIDS, maternal mortality, and abortion.

Let me just summarize these issues very briefly at this point. Gender issues are of great importance in all societies but the inequities in some are truly extreme. We must better understand the lives and the status of women in different cultures and different settings if we are indeed to be able to more effectively help in serving their needs.

Turning to adolescent sexuality and pregnancy, until recently there has been very little attention given internationally to the problems of teen sexuality and pregnancy despite a strong and urgent need. Since unwed and unplanned teen pregnancy is a major problem for most developing countries, particularly in urban areas, I believe that the time has come for concerted programming efforts

focused on decreasing the incidence of teen pregnancy, STD's and HIV–AIDS. Recently researchers have identified the seriousness of common sexually transmitted diseases, including HIV–AIDS, among underserved populations, affecting both men and women. At a minimum, all population and family planning programs must include strong messages about the prevention of STD and HIV–AIDS, and where possible and where resources can be made available, the ability to diagnose and treat these treatable STD's and prevent hopefully those that are not. And ideally, of course, prevention of all STD's should be one of our top goals.

Let me turn to maternal mortality or pregnancy-related deaths throughout the world. One of the areas of incomprehensible neglect within health programming in the 20th century has been the tragedy of maternal mortality in developing countries, neglected by obstetricians and gynecologists, by public health officials and by policymakers.

It is estimated by the World Health Organization that 500,000 or more women die each year of pregnancy-related causes, the vast majority preventable with existing technologies. The five major causes are rupture of the uterus secondary to obstructed labor, postpartum hemorrhage, postpartum infection, convulsions in pregnancy, and complications of a botched illegal abortion. In fact, more women die each year of complications of pregnancy than the annual death toll from AIDS worldwide.

The media has given great attention to the tragedy of AIDS, but has given minimal attention to the tragic deaths of a half a million women every year from causes that, if we give it our attention, could be prevented.

The single most effective intervention at least in the short run is making family planning services as widely available and accessible as possible. What is needed in addition to reduce maternal mortality is the effective linkage of prenatal care with the provision of emergency obstetrical care, namely, the wherewithal to carry out a caesarean section, to transfuse, to provide intravenous antibiotics, and to complete a septic, incomplete abortion.

I have left to the end of this discussion the single most controversial issue in society today, namely, the rights of a women to terminate a pregnancy versus the rights of the fetus. No issue generates more heat than this and nothing unfortunately is less likely to be resolved in the foreseeable future.

For those who believe that life begins at the time of fertilization or implantation, there is no middle ground. For them, abortion equates with the murder of an unborn child. Similarly, however, for those who believe in the woman's absolute right to control her own body, there also is no middle ground or no compromise. However, whatever the legal status, women in all sòcieties undergo unsafe abortion attempts no matter the religion, culture, or moral standing of abortion in that country, with very high abortion-related mortality.

The World Health Organization estimates that as many as 20 to 25 percent of pregnancy-related deaths each year, or 100,000 deaths annually, are due to abortion complications. A recent Alan Guttmacher Institute publication presented data on abortion in Latin America where illegal abortion is estimated to be the num-

ber-one cause of maternal mortality and emergency hospital admissions.

Tim Wirth has stated that "the abortion issue should be addressed directly with tolerance and compassion rather than officially ignored, while women, especially poor women and their families suffer. Our position is to support reproductive choice."

The ICPD draft plan of action does not promote abortion but only recognizes the issue of unsafe abortion as a significant and urgent public health problem. While national laws vary greatly in regards to abortion, over 170 of the over 190 countries participating in the ICPD permit abortion under some circumstances.

The draft plan of action places an emphasis on improved reproductive health and choice for women. At a minimum, programs are needed for the emergency management of complications of a botched abortion.

For the United States, USAID recently has clarified that the Helms amendment would not prohibit the provision of services to save the life of a woman suffering the complications of a poorly performed unsafe procedure. The progress made in population and family planning programs are much diminished, in my opinion, if hundreds of thousands of more women continue to die or be permanently disabled as a result of desperate attempts to terminate unwanted pregnancies.

In conclusion, Mr. Chairman, I would like to state that I do believe this to be an exciting time for those concerned about issues of family planning, women's reproductive health, women's overall status, population growth, and environmental degradation. The ICPD presents an opportunity to expand in truly effective ways programs which focus on these areas.

Thank you very much.

[The prepared statement of Dr. Rosenfield appears in the appendix.]

Chairman HAMILTON. The Honorable Barber Conable, of course, a former member and former president of the World Bank.

Mr. Conable, we are delighted to have you, and you may proceed.

STATEMENT OF HON. BARBER CONABLE, FORMER PRESIDENT, WORLD BANK

Mr. CONABLE. Thank you, Mr. Chairman. I appreciate very much the invitation to appear here.

Unlike the doctors on this panel, the professional intellectual students of this subject, I bring a generalist's and a layman's viewpoint to the forum. After I left Congress, when I joined the World Bank, my preoccupation became development and improved quality of life for the world's peoples, particularly its poor people. Through official development aid, multilateral lending, and private investment, poor people benefit from broadly distributed economic growth.

Unfortunately, poor people also suffer from a population growth which, because it offsets economic growth, reduces per capita income and erodes the potential for an improved quality of life.

If this were always the result of individual decisions by families, there would be little complaint. But in poor countries often, choice is not involved. Access to birth control and motivation of under-

standing are not available automatically to the poorest of the poor. Illiteracy, infant mortality, and lack of options for women limit real family choices.

The United States has a legitimate interest in the human rights of people everywhere. Our democratic values should not lead to coercion. We should help our family of humans find their way to informed choices.

We have made progress in this cause, and we sill have a long way to go. The United States has been a leader.

Approaches to population problems vary. USAID makes grants in this field while the World Bank loans. Poor countries tend to use grants for operating costs of population programs, such as contraception supplies, supporting NGO's who run programs, and provision of direct services.

The poor countries borrow for investments in health centers, logistics systems and the training of needed local skills. The USAID population program, the largest in the world, has been running about $400 million, and this year may exceed $500 million. World Bank loans about $200 million for this purpose, and is trying to encourage more loans by emphasizing the concessional nature of IDA loans. IDA is the part of the World Bank which lends to the poorest countries who get 75 percent of money for population programs.

I compare these two programs to emphasize the importance of American leadership in the overall effort to slow population growth. I am pleased the Japanese and others are accepting more responsibility in this field, but the continuity and size of American effort are obviously of leadership quality. I hope they will remain so.

I am optimistic about population statistics, despite a growth rate increasing world population by close to 1 billion additional people for each of the next two decades. Ninety percent of the new people will be in the developing world. But economic growth there is improving; it was 6 percent in real terms last year, and a better quality of life evidenced by educational advances, improved status for women, and reduced infant mortality gives people the incentives to reduce family size. It is possible in the light of these changes that global population will stabilize below the 11 billion people so generally accepted 10 years ago.

Tremendous pressure will be put on the world's resources in any event and we cannot be complacent. Population momentum will be high. Forty-five percent of the population of sub-Saharan Africa is under the age of 15 years. It is 36 percent for the developing world as a whole, and for the next 20 years, a high proportion of the world's population will be an appropriate age.

Incidentally, contraceptive use is going up quite sharply in some parts of Africa, although AIDS is more the reason than a newfound desire to limit family size, unfortunately, in most cases. Probably more than 1 billion women are now of childbearing age in the developing world; 700 million of them married. Almost half are not using contraceptives, but in the 1960's only 1 in 10 even had access to contraception, so we have made progress.

It is generally believed that at least 100 million of these women would, if they could, stop having children or at least space their babies. Of course, successful population programs must also be ad-

dressed to the understanding, involvement, and active commitment of men. We tend to focus too much on women in these concerns.

I hope the United States will continue to press access to family planning through its AID program. I am confident the World Bank, with the development loan program more than twice the size of total USAID development program, will continue to urge governments to accept responsibility for population programs while making the necessary concurrent investment in education, social, health, women in development and economic opportunity loans which will give poor people real choices where previously there were none.

Chairman HAMILTON. Thank you very much, Mr. Conable.

We are pleased to have Dr. Samuel Preston. He is professor of demography at the University of Pennsylvania.

Dr. Preston.

STATEMENT OF SAMUEL PRESTON, PROFESSOR OF DEMOGRAPHY AT THE UNIVERSITY OF PENNSYLVANIA

Dr. PRESTON. Thank you very much, Mr. Chairman. I am honored to be invited to appear before this body.

According to the United Nations, there are 5.6 billion people alive in the world today compared to 2.5 billion in 1950 when the era of rapid population growth began.

As Barber noted, some 90 million people are being added to the world's population each year, approximately 1 billion per decade. About 95 percent of the increase is occurring in Africa, Asia, and Latin America. The growth rate is fastest in Africa, the world's poorest region.

The reason why population growth has been so rapid over this period is not mysterious. Death rates have fallen much faster than birth rates in most developing countries. Women are not having more babies than in the past. Quite the contrary; the average number of children born to a woman who survives to age 50 in the world today is 3.3 children, compared to a value of 5.0 in 1950.

While fertility rates were falling, death rates were falling even faster in many places. Life expectancy at birth has increased from 46 years in 1950 to 65 years today. That is a figure that pertains to the world as a whole.

This I think is unquestionably one of the mankind's greatest achievements, but it initiated a period of rapid population growth that has raised questions about whether this and other achievements can be sustained into the 21st century. I believe that they can be, but the prospects for doing so would be significantly enhanced through wise population policies.

The population problem, as it is sometimes called, is really two fairly distinct problems that are often confused. The first, and in my view, the most important, is really a family level problem of balancing resources against numbers across generations.

The ability of a couple to achieve its family size goals is an important part of the family's well-being, especially in light of the costs of raising a child and the demands placed on a woman's health by pregnancy and childbirth.

The burden of having more children than desired also falls on other children in the family. Many studies have shown, for exam-

ple, that having more children in a family means, on average, less schooling for each child.

The second population problem is usually referred to as externalities or spill-over effects. Even if one family's fertility is optimal for its own circumstances, it may not be optimal for society at large.

The social costs can be felt in several areas. When land and other natural resources are held in common, population growth can lead to increased exploitation and degradation of these resources. Deforestation in the Amazon is a good example of this process, since most of the destruction is being done by squatters without any title to the property they are clearing.

Public subsidies for schooling is another area where these spill-overs occur. Of course, the child whose education is subsidized eventually becomes an adult whose taxes subsidize the education of other children.

There has been only one serious attempt to estimate the size of these externalities in developing countries. Ronald Lee, an economist at Berkeley, has shown that they tend to be quite small. For example, preventing a birth in Bangladesh would be worth some $22 to society at large over the course of that child's lifetime. This is a trivial amount compared to the cost of the child to the parents themselves.

I think that this point deserves emphasis. The principal beneficiaries of programs that enable families to achieve their targeted numbers of children are the families themselves.

The reason why this is important is that the externalities argument can be and has been used in support of programs that interfere with a couple's reproductive options, as in the case of the abuses committed in China. It is very easy in this field of population studies to slip into a loose rhetoric that implies that it is the government that is having babies and bearing the costs of child raising and enjoying the benefits of smaller family sizes.

This kind of rhetorical slippage does occur from time to time in the draft document for the Cairo meeting, but I think for the most part the document is accurate in recognizing that the main benefits from reducing fertility to the desired numbers of children accrue to the families themselves and especially to the women therein.

I believe that the document which the American delegation has played a major role in shaping is a major advance over documents for the two previous international population conferences. It is especially valuable in recognizing that restraining rates of population growth is not an end in and of itself, but is desirable because of improvements in individual welfare that voluntaristic population policies promote.

Population policy in the document is effectively interwoven with policies on health education, women's rights, the environment, and economic development. The emphasis throughout is on expanding rather than restricting individual opportunities.

I especially applaud the emphasis on expanding educational opportunities for girls and women in the document. There is no question that improving women's capabilities and options makes them more effective household managers and changes the reproductive

calculus. This effect is visible not only in fertility choices but also in child health.

I helped to write a monograph for the U.N. in the late 1980's that demonstrated conclusively that the single most important factor for child survival in developing countries was the educational level of the mother, despite the fact that the educational level of the father was more closely associated with household income.

Advances in women's educational levels are clearly an integral part of both demographic and social modernization.

The focus of population policy will continue to be family planning-program efforts to enhance the ability of couples to achieve their desired family size.

I believe that this focus is appropriate because family planning programs have demonstrated their value in many contexts. The expansion of family planning programs has led to higher rates of contraception and lower fertility in a very broad range of countries, even in such impoverished settings as Bangladesh, and surveys of women in developing countries demonstrates that hundreds of millions of women want no more children but are not practicing contraception.

The current spending on family planning programs is not large, and I think this is important to emphasize. Altogether, population programs including family planning programs account for only about 2 percent of all current development aid. There is ample scope for extending these programs into new regions and population sectors and for improving the services that they offer.

Thank you, Mr. Chairman.

Chairman HAMILTON. Thank you very much Dr. Preston.

If it is all right with members, we will let Mr. Beilenson begin questions since he is going to be the representative to Cairo. And I will have Mr. Porter and then Mr. Hyde in that order. Is that satisfactory?

STATEMENT OF HON. ANTHONY BEILENSON

Mr. BEILENSON. Thank you very much, Mr. Chairman.

Chairman HAMILTON. May I just acknowledge the presence of Mr. Durbin here. We are delighted to have him with us this morning.

Mr. Beilenson.

Mr. BEILENSON. Thank you very much. I shouldn't take but just a couple of moments.

I would commend the chairman, if I may, for having this hearing on what many of us believe to be the principal issue and concern that faces all the people on the planet.

I do feel like a bit of an intruder being up here, not being a member of the committee, but as the chairman knows, if our good friend Mr. O'Neill had not asked me to serve on another committee some 16 years ago, I would have been sitting just to the chairman's right anyway and would have been the first person after the chairman to be able to ask questions.

I did testify, as the chairman knows, several months ago at some length before this same committee on this particular issue and so I won't, as I just said, say very much today except again to remind all of us that every 24 hours there are 260,000 additional people

on the earth. I mean 24 hours from now, more than a quarter of million additional net people will be on the planet day after day after day.

Ninety-five percent of them are born into developing countries, which on the whole are unable to adequately take care of their existing populations, can't feed them enough, can't provide enough jobs for them. And yet in virtually all of these countries, every one of these countries, their populations will double or more in the next 25 years.

All of sub-Saharan Africa will double in population, more than double in population, over the next 25 years. If one looks at the 9 or 10 least developed poorest countries in the world, you will see that their fertility rates are the greatest and that their populations will in each case more than double in the next 25 years or less unless we help provide them with the ability to make some choices which might perhaps lead them in other directions.

I do want to remind us all, if I may, that this is not just a problem, if I may put it that way, or an issue for developing countries. We should start looking at our own country. We have by far the highest fertility rate and growth rate of any of the industrialized nations.

Five years ago, the U.S. Census Bureau predicted that our population would go up a little above 300 million, come down and flatten out at 300 million by the year 2040. Last year, the U.S. Census Bureau took another look at U.S. population growth rates and they are now predicting by the year 2040 our growth to 390 million, a 90 million person difference in just 5 years, and will continue thereafter to rise to beyond half a billion. That is the United States itself.

So this is an issue which affects us here at home in the United States, especially in various parts of the specific parts of the country, even as it does some of the lesser developed countries which are less well able, obviously, than we to take care of our own, take care of their populations.

In my own State of California, which now has 32 million people—and many of our colleges believe too many Representatives in Congress—in the next 30 years our population is going to double to 64 million people. I mean, by the middle of next century, a third of the Members of House of Representatives perhaps will be coming from the State of California.

I am joking about that, but in all seriousness we are going to have 64 million people in the State of California 30 years from now. So we are talking about quality of life and issues which are terribly, terribly important here at home as well as overseas.

I just don't want us to forget that it has some ramifications here in the United States as well as in some of these so-called lesser developed countries.

My only question really to the four panel members, Mr. Chairman, is whether there are things we as a government, as a nation, should be doing that we are not doing. Is it simply that we should be putting a somewhat larger, perhaps albeit modestly larger, percentage of our foreign aid into this particular area, or are there some other directions entirely or additional directions entirely that perhaps we should be following?

I mean, is the only thing that we can do to be of help to start providing again, as I believe we now are, some leadership in the world on this issue and to increase our contributions through AID or through UNFPA or whomever, or are there some other things we should also be doing?

Doctor.

INCREASED FUNDING FOR CONTRACEPTIVES AND REPRODUCTIVE HEALTH CARE IS ESSENTIAL IF WE ARE GOING TO HAVE AN IMPACT

Dr. ROSENFIELD. I would like to suggest the following. It does in many ways come down to funding but there are policy issues as well.

The projected need for contraception for those women who state that they wish to space or limit the number of children who are not now receiving contraception are massive. The dollar needs on the rest of the donor communities as well as national governments are huge. If we add to some of the reproductive health issues that are the centerpiece of ICPD, such as the costs for STD testing and treatment, the fiscal burden is great. The costs even for preventive education are high. Similarly there are significant costs to provide emergency obstetrical services to try to decrease the tragedy of maternal mortality.

I think the new direction of USAID, to look at some of these reproductive health issues in addition to the contraceptive needs are important, but clearly, as we broaden our policy, increased funding is going to be essential if we are going to be able to have an impact.

DEVELOPMENT AND IMPROVING OPPORTUNITIES FOR WOMEN IS NECESSARY TO STABILIZE POPULATION GROWTH

Mr. CONABLE. I think there is a tremendous reservoir of skills in USAID on population programs and that that ought to be built on and sustained. Congress is going to have to exercise its judgment about how much it puts into AID, but I hope it will also emphasize economic criteria and put more money into the poorest countries, which are potentially the fastest growing countries. It is in our interest to stay in close contact.

Because it is not enough just to emphasize family planning. You have got to give people the incentives to use it. And that comes with development. It comes with improved educational levels, with women's access to the economic activity of the country since the women are the care givers and tend to dedicate more of their income to children than others. It comes from a general advancing of the quality of life.

And so I hope AID will be reorganized to put more effort into a rational distribution of funds, rather than simply an earmarking by Congress for specific political friends.

I think it would be terribly important for the United States also to encourage other countries like Japan, which has recently made some commitment in this area, to finance in these population areas because there is not enough money going into it, and that would be helpful.

But let's not forget to have a good, balanced program also so that the development itself can go ahead and the motivation to use family planning will be there for real choices for people.

Chairman HAMILTON. Dr. Preston.

U.S. LEADERSHIP IN CONTRACEPTIVE DEVELOPMENT IS IMPORTANT

Dr. PRESTON. I think one area in which the United States can supply leadership and has historically done so is in the area of contraceptive development. The National Academy of Science issued a report about 4 years ago on contraceptive development, and it is clear that the pace of improvements in this area has been very slow. Part of the reason is product liability laws that have discouraged manufacturers from developing new forms of contraception.

I think the world looks to the United States for scientific leadership in this area and the ball has been somewhat dropped in the past decade. So this is an area that I think affects both domestic and international population policies and could be investigated.

Chairman HAMILTON. Mrs. Catley-Carlson.

Mrs. CATLEY-CARLSON. Thank you.

My doctorates, while appreciated, are all honorary and I would really prefer to be referred to as Mrs. in the record, if you don't mind, in respect for those who have spent more time than I did at the grueling task of earning them academically.

Chairman HAMILTON. Mrs. Catley-Carlson.

CONTRACEPTIVES FOR MEN NEED TO BE DEVELOPED AND PROMOTED AND GIRLS NEED TO BE UNIVERSALLY EDUCATED

Mrs. CATLEY-CARLSON. Thank you very much.

Dr. Preston just took some of the words right out of my mouth, in the sense that Barber Conable talked about the fact we targeted far too much of our thinking about women. One of the reasons is the only male contraceptive was invented some centuries back and really wouldn't be used by anybody who had choices. We just have not put the kind of effort into inventing the parallel contraceptives for men that exist for women, the hormone based, possibly the vaccine based. We need to put a lot more work and resources into that.

I think it is insulting to suggest that men are not interested or could not be relied upon to be contraceptive receptors. I think we need to work on a number of contraceptive lacuna which now exist for men as there used to be for lactating women, because in a number of countries there used to be taboos and cultural restrictions which meant that women who were breast-feeding cannot become pregnant. With urbanization, those women are engaging much earlier in sexual intercourse, and therefore contraceptives are needed for those women.

We definitely need contraceptives that engage in the task that Allan Rosenfield talked about, which is offering protection against HIV and sexually transmitted diseases at the same time. It is criminal and horrifying the rate of seroconversion for women around the world and we need to combine contraceptives with protection. I do think that is possible, but it means a great deal more money being put into it.

I just wanted to amplify what was said and go to the other end of spectrum and say if I could wave a magic wand, we would devote the last part of this millennia to educating the girls of the planet. It is quite ridiculous given the impact that girls education has on nutrition, family health, contraception, the well-being of the family,

the well-being of future generations, that as a planet we still tolerate the rates of girl-child illiteracy and girls not being in school. And so if I could have two wishes tomorrow morning, those would be it: better contraceptive development, but also a massive effort on girls' education.

Chairman HAMILTON. Mr. Porter and then Mr. Hyde.

THE IMPORTANCE OF THE CAIRO CONFERENCE

Mr. PORTER. Mr. Chairman, thank you for holding this hearing. I can think of no more important subject for us to address nor more important conference than the one coming up in September in Cairo that many of us plan to attend.

We know that people everywhere aspire to a better life, to more education, greater security, greater health, to having basic human rights, including the right to voluntarily plan their families, the size of them, and the spacing of their children. And I think we sit here in some sense kind of smugly and believe that because all educated people understand these things and strongly support voluntary family planning, that somehow it will come out all right in the end; that information technology, a revolution going on in the world today, will bring the information of a better life and the demand for these things to all people; that medical technology will in the end save us because we will develop the contraceptives that work.

And yet I don't think we focus enough on those that are vehemently opposed to family planning, and I would like the panel to discuss for us, what about religious fundamentalism, if you want to call it that. What about the active efforts that are opposed to family planning? And what should we be doing in respect to those who aren't supportive of family planning or believe in some way that it is immoral? What can we do to counter that kind of thinking?

I see nobody wishing to volunteer on that one. Yes?

RELIGIOUS FUNDAMENTALISM HAS AFFECTED PUBLIC FUNDING ON FAMILY PLANNING

Mrs. CATLEY-CARLSON. Well, yes, obviously it is a question that has lots of potential mine fields in the answer. But to move straight to answering your question, my answer is, put more resources into family planning because the effect of fundamentalism, whether Protestant, Catholic or Islamic, tends to have a greater impact on the amount of funding made available by various governments and the official positions they take than it does on the populations.

The largest percentage of Roman Catholics, for example, is in the northern and southern parts of this hemisphere, and yet contraceptive acceptance in the North is around 75 percent, with not an appreciable difference between Catholics and Protestants, and about 87 percent of Catholics think that their church is not correct on this issue, according to recent polls.

Contraceptive prevalence in South America is around 65 percent. So therefore the very strong policy guidance provided by the church certainly has affected public funding in this area, but I think that

the statistics would suggest that it has tended to affect a little less individual behavior.

I think that you can find a somewhat similar pattern in other areas. It is indisputable that the views of religious leaders will affect populations. But they are one of a number of inputs that will be taken into account, and if services are available and if social mores are changing in communities, this will also have an impact.

And for those that are concerned, I think what we have to try and do is keep making the balance such that these choices are available and become one of a number of contending directions that can be taken on.

Even those faiths that very strongly oppose anything other than natural family planning are in favor of child survival, child spacing, and express concern about overall population levels, so there is perhaps more areas to work in than we sometimes realize.

The media has a more interesting time exploring the drama of the differences, but I think that given a choice between lifting restrictions and massive new resources, I would take the new resources.

FREE CHOICE IN FAMILY PLANNING

Dr. ROSENFIELD. I would, if I could, suggest that if we really honor individual freedoms and individual rights, that these types of services should be made available and then people have the free choice to use them or not use them. I think those who oppose such services should not use them but they should not oppose their use by others who believe that they are appropriate to use them.

And in this fashion, the ICPD, I think, presents a framework to meet the needs expressed by individual women, men, and families, throughout the world, and we should honor this framework. Those who oppose honoring the stated desires of individuals are indeed proposing approaches that are not justifiable. But I also think it is important that no coercive methods or approaches are used to impact upon people who are trying to make those choices.

Mr. PORTER. If we were to promote voluntary family planning as a basic human right of every person and every family worldwide, that would encompass what you are thinking about, wouldn't it?

Dr. ROSENFIELD. Yes, sir.

Mr. CONABLE. I agree with Dr. Rosenfield. It seems to me that choice is the stuff of freedom and clearly it is a fundamentalist's right to choose a life-style to suit himself or herself and there is nothing wrong with that, provided he does not impose on the rights of others.

And I do believe that we—the United States—should stand for freedom and for freedom of choice generally. Real choice, I mean.

PRIOR TO THE MEXICO CITY CONFERENCE, THE U.S. PROVIDED WORLDWIDE LEADERSHIP FOR VOLUNTARY FAMILY PLANNING, BUT IN THE NEXT DECADE WE WENT IN REVERSE

Mr. PORTER. One other question. Prior to 1984, the Mexico City conference, the United States through six administrations of both parties provided worldwide leadership for voluntary family planning. When we reached 1984, we went I believe in reverse. And for most of the next decade, did quite the opposite.

I guess I would like to ask, what was lost during this period? Were there other countries that were filling in to provide that leadership for us? And today in the lesser developed countries, do the leadership in most of those countries accept the concepts of voluntary family planning and the movement toward greater rights to empower women, civil rights, property rights, education, economic empowerment health and the like? Are we moving in the right directions in those countries despite the fact that the United States lost its way for most of a decade?

U.S. LEADERSHIP DIDN'T DISAPPEAR, MORAL LEADERSHIP DISAPPEARED

Dr. PRESTON. I am not sure that it is accurate to say that the U.S. leadership disappeared during this period. In fact, the budget for support for family planning programs in developing countries actually increased. What was lost, I think, was a sense of moral leadership, particularly at the 1984 World Population Conference. But the United States, which stopped funding the U.N. Fund for Population Activities, found other ways to spend its money abroad, and I don't see any evidence that its money was less effectively spent in the international family planning organizations, for example.

To answer the second part of your question, it is certainly the case that an increasing number of governments in developing countries have come to recognize the advantages for their populations of family planning programs and some 85 percent of the world now lives under governments which explicitly endorse family planning programs, so that momentum has also continued. I am not sure that a great deal was lost despite the rhetorical issues that were raised in the 1984 conference.

DEVELOPING COUNTRIES ARE BEGINNING TO REALIZE THAT PROGRAMS TO STABILIZE POPULATION ARE IN THEIR INTEREST

Chairman HAMILTON. Mr. Conable.

Mr. CONABLE. Well, let me say I worried about this a lot. I worried a lot about the environment when I was at the World Bank because poor countries just don't want to borrow for the environment. They don't want to borrow for the environment because there isn't a quick payoff. They have to feed their people next Tuesday, so they don't borrow money from the World Bank for the environment or haven't until it finally became apparent through UNCED and other similar experiences that if they didn't, they couldn't sustain their development, they couldn't protect their poor from the effects of a bad environment and their poor would be the ones that would suffer the most, unfortunately. Up until that time the developed world was foolishly saying, "You have got to do these things or otherwise it will hurt us."

Now, the same thing has happened in population to a substantial degree. For a long time we lectured them about "you people are growing so fast, you are going to destroy the world, and you will destroy us in the process." Now they are beginning to see that some degree of population control is essential if they are to have an improving quality of life in their own countries and so they are coming to the point where they support population programs, too.

We found in the World Bank because we make loans that people simply would not borrow for population programs unless the government itself was convinced that it was in the interests of the people of that country to have a population program. We could make all the family planning supplies and training and everything else available in the world but if the government didn't support it, nothing would happen. And that is why the World Bank program is smaller than the U.S. program which is concentrated so much on just access to contraception.

I think there is considerable progress being made, Congressman, in this particular area because poor countries are beginning to realize that sustainability is affected by population growth. It is affected by environment and also they can't just ignore some of the long-term investments that have to be made in the quality of life.

Chairman HAMILTON. Dr. Rosenfield.

HISTORY OF PREVIOUS TWO WORLD POPULATION CONFERENCES

Dr. ROSENFIELD. Just a brief comment. I think what is interesting if one looks at the history of the previous two world population conferences and this one in 1974, as Mr. Conable suggested, we and others were the champions of population as a major problem, that changed in 1984, and the developing world in 1974 in Bucharest opposed that view and saw it as an imperialist plot and other north-south dialogue type issues.

By 1984, when we had changed our stance as a government, the developing nations had changed their stance and they were saying in Mexico City that family planning is important and population problems are of concern to us. And I think the current agreement on the ICPD draft plan of action is a beautiful example of congruence of opinions now between both developing and developed countries on these issues in ways that I think go beyond what many of us had anticipated or expected.

Chairman HAMILTON. OK. Mr. Hyde and then Mr. Sawyer.

Mr. Hyde.

Mr. HYDE. I want to express my profound gratitude to the Chairman for getting to members of the committee. I feel guilty Mr. Durbin hasn't had an opportunity to inquire, but nonetheless, I do thank the chairman.

In view—and it is part of this whole environment of the——

Chairman HAMILTON. Does the gentleman yield to Mr. Durbin?

Mr. HYDE. Yes, anybody in the room. Sure.

Chairman HAMILTON. Mr. Durbin.

Mr. DURBIN. No, thank you.

Chairman HAMILTON. Mr. Hyde.

ECONOMIC DEVELOPMENT IS NEEDED MORE THAN POPULATION PROGRAMS

Mr. HYDE. By your leave, Mr. Chairman.

The chair of the predecessor organization to Planned Parenthood, Margaret Sanger constantly asserted her desire to get rid of unsuitable people. That is kind of a background, and as you move into the Planned Parenthood organization, which this lady was very instrumental in founding, I wonder how you deal with the latent, if not patent, thought of racism underlying this urge of the United

States in all of its wisdom and arrogance in telling other countries, particularly Third World countries, how many children they ought to have.

Now, I do know that a leading Muslim intellectual, Fami Hawandi, is quoted last week in the *Dallas Morning News* as complaining that this is an effort by America to reduce the Muslim population. "We think that abortion is killing people and Islam doesn't allow this."

I just wonder if perhaps that criticism you might find over in Egypt when you get over there as the United States sets itself up as the standard for family size. And I say that because we spend an awful lot of time and money trying to be the great condom dispenser of the universe, and I understand that, but I wonder if we don't misdirect some of our efforts that could be directed toward economic development, toward teaching people how to farm.

I quote from a scholar. Most of the agricultural problems on the continent of Africa are not the result of overpopulation. Africa, one of the world's least densely populated continents, was a food exporter during the first half of the 20th century. Instead, Africa's food shortages are traceable to other factors. One is war. Since the end of the colonial era, dozens of countries have been in tribal or social conflict, such as Rwanda. Until recently, the private sale of farm products was prohibited or severely restricted in Tanzania, Nigeria, and elsewhere. In Guinea and other states, governments routinely have seized more than half of the farmers' income through taxation and regulation.

And then when we look at density statistics and we see mainland China has a density of 327 people per square mile and Thailand, which has a high standard of living, has 1,693 people per square mile. Germany has 635 people per square mile. The United States has 73. But Hong Kong has 14,542 people per square mile. The Netherlands has 1,166. Singapore, 11,731.

So matching people to resources isn't quite what is happening in these countries with advanced economies. It is because they are not socialists. It is because they have something of the free market, perhaps, rather than reducing their population, which is something, frankly, I think ought to be left to the people themselves.

So wouldn't you be better advised in spending all of this effort and intellectual firepower and money to assist countries in economic development—and I know we do, oh, yes, we do—but do a little more of that rather than trying to tell them that they just have too many people?

Anybody. Dr. Rosenfield.

PEOPLE SHOULD HAVE THE SCIENTIFIC MEANS TO PLAN THEIR FAMILIES

Dr. ROSENFIELD. Mr. Hyde, thank you.

Just a couple of comments on your questions. One, I think as Dr. Preston mentioned, no one wishes to see any less expenditure on economic development. We think that is highly important. Population funds worldwide account for only about 2 percent or less of the total development funding available. That is a very small percentage.

In terms of your comment about spreading condoms, forgetting for the moment family planning and population issues, we have a tragic epidemic facing the world today, much of it occurring among married couples. Condom distribution is the only preventive step we have. Along with other safe sexual practices, condom distribution is an essential component of an AIDS protection program. So I would hope that we would expand our distribution of condoms.

Finally, as I think has been stated repeatedly, the U.S. Government is not trying to say how many children people should have. Those working in the field are trying to meet the stated needs of women with funding organizations such as the United Nations and USAID, helping couples have the number of children they wish to have on helping them to space their children. A major goal of the ICPD and of the USAID population program is to provide contraceptives that women have stated they wish to have.

Let me just say that Archbishop Desmond Tutu in South Africa, a widely respected religious leader, stated just a few weeks ago that as Christians we have an obligation to planned parenthood. We believe that people should have the scientific means to plan their families. That is a feeling expressed by religious leaders and others throughout the world.

DISTRIBUTION OF POPULATION CONTROL DEVICES VERSUS SIMPLE AND COST EFFECTIVE MEDICINES

Mr. HYDE. Let me, if I may, ask for your comment on this. Dr. Margaret Ogala, a physician and general practitioner in Kenya, reports that birth control pills or the IUD can be found in most health delivery centers throughout Kenya. "Unfortunately," and I am quoting, "but understandably (since the idea is not to save life but to diminish it), quote—I mean, close parenthesis—"not the same can be said of the availability of even the simplest lifesaving antibiotic, penicillin," Dr. Ogala writes in the July/August 1994 edition of *Social Justice Review.*

She goes on to say that, "The doctor finds that while he cannot save the life of a woman dying of simple pneumonia because he does not have a vial of penicillin which costs only a few cents, he could have, if he so desired, fit her with as many IUDs as he liked in her death throes. An IUD costs many times the price of penicillin, Dr. Ogala points out very poignantly."

Doesn't this disparity in the distribution of population control devices versus simple and cost-effective medicines foster the impression that our main priority is limiting the number of people in developing countries rather than improving their health and well-being?

Dr. Rosenfield.

USAID HISTORY OF HEALTH AND NUTRITION PROGRAMS HAS MADE MAJOR CONTRIBUTIONS TO HEALTH AND WELL-BEING

Dr. ROSENFIELD. I would like to suggest if one looks at the history of USAID and their health and nutrition programs, they have made major contributions to health and well-being through immunization programs, sanitation and water supply programs. They have not provided antibiotics as a particular program. Perhaps they should, perhaps we should look at that.

But I would suggest that over the last 20 years of USAID assistance, major assistance in the area of health has been provided, and appropriately so, and nutrition.

Mr. SMITH. Would my friend yield.

Mr. HYDE. I yield.

CHILD SURVIVAL INTERVENTION

Mr. SMITH. Just on that one point of the misplaced priorities that some of us have seen with this administration, when the administration set up its foreign aid budget it asked for a significant increase in population control and significant decreases in child survival intervention.

I for one for the last decade have fought hard to increase the number of monies provided for oral rehydration therapy, immunizations and other kinds of very low-cost interventions, but there is only so much in the pie of money available in our foreign aid. And unfortunately when the rubber meets the road, it turns out that child survival was being diminished while population control was being increased.

And part of the point I think Mr. Hyde was making, those people who are in the field—Dr. Ogala and others are out in the field; she is a black physician working in Kenya—makes the point that she has well-stocked storerooms of IUDs and the like. She doesn't have penicillin.

So when the person out in the field in Africa and elsewhere is asking for his life or her life or their child's life to be saved, they are told that there is all they could possibly want in the area of population control measures but not basic penicillin. And I think that is the prioritization unfortunately that happens when all the world becomes mobilized like what may happen in Cairo, and their scare perspective begins to take hold.

CHILD SURVIVAL INITIATIVES—POPULATION CONTROL SHOULDN'T BE PITTED AGAINST EACH OTHER

Dr. ROSENFIELD. I think we can all have our examples. I worked in the developing world for many years and I could mention examples of individuals wanting contraception, but unable to obtain a modern method of workers complaining about lack of supplies.

I personally would support a significant increase in the funding for the child survival initiatives, for AIDS initiatives in developing countries and for safe motherhood initiatives. That should be a high priority for the U.S. Government and the U.S. Congress. Both population and health programs are urgently needed, not one against the other, and they shouldn't be pitted against each other.

Chairman HAMILTON. Dr. Preston.

RAPID POPULATION GROWTH AGGRAVATES PROBLEM OF POOR AGRICULTURAL PRODUCTION IN AFRICA

Dr. PRESTON. I just want to add a couple of comments. One, I think this panel does not have the expertise to make recommendations about the allocation of resources across sectors in development efforts. We are not agricultural experts. We are not experts in child health. I think it is your committee's job to do that and

we are only at this point providing expertise in the area of population.

Representative Hyde asked a question about Africa that I would like to respond to. He noted that there are many problems supported in agricultural production in Africa. I think the most solid piece of work I have seen on this issue was done by the World Bank in 1990, a very long report on agriculture, population, and environmental issues in Africa. And they noted, as you have said, that there are many, many problems of production in Africa that include lack of agricultural credit, very poor land tenure systems, agricultural policies on the part of government that discriminate against the agricultural sector and so forth.

They also noted that population growth was a serious problem. It is not the root cause of poverty in Africa. There is no single root cause. There are many, many causes of poor agricultural production in Africa. But these other problems, the war, the credit system and so forth, that are in bad shape are not going to be improved by rapid population growth in Africa. Instead, they are the context on which that growth will be imposed, and rapid population growth, the bank concluded, is going to make the situation in agriculture in Africa worse.

CORRECTION ON CHILD HEALTH ISSUES

Dr. ROSENFIELD. Just one minor correction on child health issues, Mrs. Catley-Carlson spent several years with UNICEF and my field of expertise has been in women and children's health, so we do have some expertise in that particular area.

Chairman HAMILTON. All right. Mr. Sawyer then Mr. Smith.

POPULATION MOVEMENT

Mr. SAWYER. Thank you, Mr. Chairman.

The last couple of questioners and the previous answers that Mr. Conable offered and, in fact, the comments of Dr. Preston just a moment ago suggest an area that I would like to concentrate on for just a moment.

Population growth is important but population movement also causes enormous dislocations in quality of life and eventually might even be demonstrated to lead to increased population growth.

One of the areas that has been stunning in terms of world population change has been the rural-to-urban movement that has been taking place for this past century around the globe and has intensified in the course of the last couple of decades in particular.

I know that the World Bank has been trying to deal with the dilemma that we face with large populations moving into cities and governments providing food subsidies for city dwellers, which again encouraged populations to migrate from rural to urban areas.

Rapid urbanization increases the need for infrastructure spending. It also causes environmental difficulty, and yet governments themselves seem to exacerbate this pattern of migration. The reason seems to be that they are simply more sensitive to large concentrations of populations which tend to be more politically and socially volatile.

If in fact that kind of movement is both a symptom and cause of the kinds of problems we are discussing more broadly here, is it worth concentrating effort in that area? What kinds of efforts should we make, and how do we avoid the kinds of difficulties that come from exacerbating a problem through good intentions?

RURAL-URBAN MIGRATION

Mr. CONABLE. Mr. Chairman, this is really a very interesting subject. The size of the cities in the developing world has quadrupled since 1950. By the year 2020, the 20 largest cities in the world will not include a single city in North America or in Europe.

Rural-urban migration is much more of a phenomenon than transnational migration but it is part of an empowerment process that is going on. A lot of people who have been locked for generations into subsistence agriculture, because of the technology explosion, because of the communications revolution and for other reasons, have suddenly realized they don't have to go on living as their ancestors have lived on that fractional acre of land indefinitely.

Now, the governments are going to have to address this problem. You can't ignore what is happening in the developing world, certainly. A quarter of the population of Mexico is in Mexico City right now. It is the largest city in the world. Sao Paulo is at least twice the size of New York City. People don't realize that and even their governments ignore it.

Now, one of the things that governments do that is a terrible mistake is they try to price fix agriculture so that food will not be expensive in the cities, and the result is the farmers stop producing the potential amount of food, which enhances the movement to the cities. They should instead be relying on market forces and targeting welfare into the cities if that is what is necessary to keep people alive there.

But they are also going to have to address terrible environmental problems resulting from the fact that in many of these Third World cities, less than 40 percent of the people have access to a single utility. It is going to be not just a source of social unrest and disease, but a perfectly terribly environmental problem. So that is something that needs to be attended to.

Now, quite frankly, that is also having some impact on overall population growth. And ultimately I think it will have severe impact on the general level of health in the population.

So it is a serious problem and governments are going to have to address it, and I want to tell you that our aid programs are going to have to be adjusted in ways that will take advantage of the dramatic changes going on in the Third World.

I do believe that 2 percent of the aid program going to population programs does not demonstrate an overriding and overpowering commitment to this type of program. But it does seem to me that it is part of an overall process that must be kept flexible if we are going to meet the real needs of people in parts of the world which are very different from the United States.

Mr. SAWYER. Mr. Chairman, do I have time for one follow-up question?

Chairman HAMILTON. Yes.

REFUGEES

Mr. SAWYER. The number of refugees in the world is growing. They, too, represent both a symptom and a cause of disruption, dislocation, and instability in the world. Unfortunately, we don't measure the refugee phenomenon very well.

Mr. CONABLE. We don't know how many refugees there are right now.

Mr. SAWYER. That is exactly my point. If we can't measure it, as Senator Moynihan likes to say, we can't solve it. It seems to me that part of our problem is that we don't have good information sources.

Can any of the members of the panel talk about what information sources work well, where we are most deficient, and how we can correct the situation? Do we need to concentrate on this area?

Dr. Preston.

RURAL-TO-URBAN MIGRATION

Dr. PRESTON. I might just mention that when I worked at the U.N., one of my responsibilities was writing a report on world urbanization including the rate of rural-to-urban migration. This report was written in 1980. The results of the 1980 round of censuses had not been released so the report was about the period from 1960 to 1970 because those were the two last censuses that we had, and that is the only way we have in most countries of the world for assessing the rates of urbanization and rural-to-urban migration. We have extremely poor monitoring systems. And that situation has improved very little.

There is no question I think that aerial photography, satellite photography holds out the prospect of doing a much better job of tracking population movements from year to year rather than with an average delay of 15 years or so from the time they are occurring. I think that we should encourage the scientific community in particular to investigate these and I think they will be useful in the United States as well, in fact, as in developing countries. This gets better frames for our population surveys, for example.

Mr. SAWYER. Thank you, Mr. Chairman.

Chairman HAMILTON. Mr. Smith.

ABORTION LANGUAGE IN 1984 AND 1994 PLANS OF ACTION

Mr. SMITH. Thank you very much, Mr. Chairman.

I would like to ask our panel if any on the panel support the 1984 language, the operative language that said abortion in no way should be promoted as a method of family planning.

Mr. CONABLE. Say that again.

Mr. SMITH. The language in the 1984 Mexico plan of action, U.N. plan of action said, "abortion in no way should be promoted as a method of family planning." Do you agree with that language?

Mr. CONABLE. I agree with that.

Mr. SMITH. So you would like to see that put back into it?

Mr. CONABLE. I do not believe it is a family planning device.

Mr. SMITH. Dr. Preston.

Mr. CONABLE. I think it is an option that has to be used in some cases, but I don't believe it should be used for family planning.

Mr. SMITH. So you would be agreeable that could go back into the plan of action for 1994?

Mr. CONABLE. I have no idea what wording is being suggested at this point.

Dr. PRESTON. Yes, sir. You have asked me to respond. Let me just clarify that if by family planning we mean the planning of families by women around the world, I would not support that statement. I think that I support the right of women to control their own fertility through methods that include abortion.

However, if you mean family planning programs that are governmentally subsidized, I would support the statement that appeared in 1984. I do not believe that governments—particularly a position that was sponsored by the United States, where abortion is such a torturous labyrinth of emotion—I don't believe that we should be in a position of supporting the inclusion of abortion in government-subsidized family planning programs. If a government wants to include it themselves, it seems to me they have the right to do so.

Women, it seems to me, have the right—that is my own personal belief; it is not a scientific belief—to abortion. But I do fret over an endorsement of subsidization of abortion as a component of family planning programs by a country in which abortion raises such serious moral issues.

Mr. SMITH. Dr. Rosenfield.

Dr. ROSENFIELD. Sir, I would agree to that statement if you would agree to the following, and that is that, one, we should do everything in our power to treat the complication of illegal abortions and botched unsafe abortions; two, that we do everything in our power to make contraceptive services widely available to decrease the need of some women who desperately seek an abortion; and finally, while we would like to see abortion as a very rare event, that we would make it safe if women are going to have it.

Mr. SMITH. It wasn't safe to the unborn child certainly, as you pointed out in your testimony, and we have maintained the Helms amendment never precluded treatment for a women that had an botched abortion. The emphasis I believe ought to be positive, nonviolent alternatives to those women who may seek to have an abortion in these countries.

So your position is conditional on what I do?

Dr. ROSENFIELD. No. You asked me a question hypothetically.

Mr. SMITH. It is not hypothetical. That is the actual consensus language from the 1984 document, and could you support its inclusion in the 1994 document?

Dr. ROSENFIELD. Again, I would only be able to support it if there were language that dealt with the issue of the tragedy of illegal abortion and its effect on women's health.

I would like to state although it was not in the Helms amendment, that the U.S. Government interpretation between 1980 and until recently was that we could not be involved in any kinds of programs that had anything to do with abortion including the treatment of illegal abortion, and there were no programs supported by USAID in that area until the recent clarification by USAID, that indeed treatment is not prohibited, and hopefully those——

Mr. SMITH. One thing, once it happens it is no longer an abortion and it is a matter of treating a woman with a complication. To the best of my knowledge, that was not the case in terms of what you are saying.

Dr. ROSENFIELD. There were no programs supported by USAID.

Mr. SMITH. Maybe not programs, but if a woman came to the AID clinic hemorrhaging, she surely would be treated. And I would invite somebody to provide some contrary evidence to the panel.

Let me ask you a question, Doctor. You point out the ICPD draft plan of action does not promote abortion. I would like to bring to your attention the program of action of the conference issued by the United Nations on May 13, which points out, "All countries should strive to make accessible through their primary health care system pregnancy termination"—and pregnancy termination obviously means abortion.

In no way does this support, as you point out, but only recognizes the issue of unsafe abortion. This is dealing with abortion on demand, which in most countries of the world—and one other thing I would like to correct because while it is technically accurate what you say, I think it leaves a false impression. You point out that over 170 of 190 countries participating in the ICPD permit abortion under some circumstances. Yes, there are 16 countries that according to the U.N. itself that do not permit abortions even in the life of the mother situation, but to preserve physical health there are 70 countries who say no to that. There are 94 countries that do not permit abortions to preserve mental health, or so-called. And in the area of economic or social reasons, and that is the largest reason for which abortions are procured in this country—they are not medically indicated, as you know—134 countries do not permit it in those economic or social reason or criteria.

So most of the countries of the world have protective statutes on the books that protect those littlest humans from this invasive procedure, whether it be chemical poisoning or dismemberment limb by limb, the body destroyed by abortion methods.

Most of the countries say birth is an event, it is not the beginning of life. We want to be inclusive of those children and not destroy them.

So I think that is a matter of perhaps leaving a false impression as if much of the world embraces abortion, only in very, very limited circumstances like the life of the mother or perhaps rape and incest.

Even Mr. Hyde's amendment makes those provisions of rape, incest, and life of the mother. Nobody is more pro-life than Mr. Hyde, so I would hope that be corrected for the record because that gets repeated often enough it does make it look almost like a mantra repeated over and over and over again as if that is reality. And it is not. Most of the countries do protect the lives of their unborn children, to a very significant extent in Latin America, Africa, South America and some of the Asian countries.

But again on promoting abortion, the language is very clear. There is other language that talks about unsafe abortion. But this stands on its own and this is right from the document. It is bracketed.

Obviously, that means it has to be taken up in Cairo, but the Prep Com in New York did keep this language intact that abortion would be promoted and that is our primary objection. And you know that these countries that have decided through their governments, through their policymaking institutions, that they want to protect their children, are now going to be admonished by the United Nations, and that is a wearing-down process or can be, that they ought to reverse themselves and allow their children to be put in this vulnerable situation of abortion on demand.

Mrs. MEYERS. Would the gentleman yield.

Mr. SMITH. After Dr. Rosenfield. I would hope he would comment.

Chairman HAMILTON. The gentleman from New Jersey has the floor.

Mr. SMITH. Doctor, and I would gladly yield to my friend after the Doctor proceeds.

Dr. ROSENFIELD. While there is language that uses the term "pregnancy termination" as a part of reproductive health care services, the document, I believe, is quite clear in acknowledging the sovereign right of each nation to implement its own policies on this very difficult issue. And clearly this will be a topic of major debate in terms of what the plan of action actually does contain in Cairo so it is clearly an unresolved issue. But the thrust of much of what is in the draft plan is focused on the tragedy of unsafe abortions and the need to try to come up with approaches on that.

My statement did not say 170 nations support abortion on demand. It simply says, In certain circumstances. So you qualified it, there are differences. The largest nations of the world provide abortion as a legal right, in the major large countries if you look at population numbers, so——

Mr. SMITH. Obviously China is a fifth of the world, so they right away in terms of aggregates crowd out much of the other cultures.

Dr. ROSENFIELD. But also in India and also Bangladesh, at least in their support of menstrual regulation, and a number of other countries.

Chairman HAMILTON. If the gentleman would yield to Mrs. Meyers.

Mr. SMITH. I would be happy to yield to my friend.

Mrs. MEYERS. Thank you, Mr. Chairman.

I would like to just ask Mr. Smith and possibly the panel if the statement that Mr. Smith has quoted about abortion not being promoted as a means of family planning that is in the document, if the problem with that is not in the interpretation. I know that it was interpreted in the United States for many years as we could not give any funding to any organization that performed an abortion for any reason, even a medically necessary abortion. And therefore, it shut off funding for a great many organizations that were very, very active and capable in the area of family planning. For instance, internationally, if a woman in Bangladesh is seeking an abortion of her seventh child because she is ill and her children are all hungry, and she goes to a family planning center for an abortion, is this considered that they are promoting abortion as a means of family planning? Or are they assisting a women who is very ill with a seventh pregnancy?

I think the problem with that statement is not that we don't all agree with it, Mr. Smith, it is just that it has been in the interpretation of it as to which groups would get funding, how—under what circumstances you would deny funding to groups. And I would like to maybe ask your comment on that statement.

Dr. ROSENFIELD. Let me try to speak as an obstetrician who provides care to women. I don't think anybody wants to promote abortion as a primary means of family planning. By the same token, any women that comes desperately seeking an abortion at a health facility and is turned away you know you are turning away a woman who is going to find that abortion somewhere and tragically it will be provided to her unsafely often at tremendous emotional cost to her but she will get it if she is determined to get it and the poorer she is the more unsafe it will be. If she is wealthy she will find the means to have it done. If she is poor she won't. I think our goal must be to try to help that woman and if I am running a facility in a country and that woman comes to me and I know what she is going to do if I don't provide the service, yes, I will provide the service if I have the means to do so. And I think that the tragedy of this whole thing is that we have an unresolvable issue from the two viewpoints I presented at the beginning of my commentary on abortion. I don't know how unresolved your views versus my views are because there is no middle ground between what you believe and what I believe. And I don't know how we handle that. It is one of the great debates that your children and my children will be debating, perhaps in this setting, years from today because it is not resolvable. I took care of women in Boston when abortion was illegal in the United States and I saw women die, I saw teenagers dying from an abortion. I remember specific cases and I don't want to see that return. I see it in developing countries, where there are some 100,000 women annually who die from abortion complications. No matter what I believe, or Mr. Hyde believes, or what you believe, they have abortions. We need to do something about it.

Mr. SMITH. But the number without question goes up significantly when a country embraces a policy that declares its unborn children persona non grata. That simply happens in every country that has embraced as has been said in 1973 in our country a new clientele for abortion services so-called was created because then the policies of that country began to, however unwittingly, promote this as another option as a method of family planning, even though we have a fight every year on whether or not to provide Federal funding in this country.

The raging debate on national health care isn't necessarily going to declare mandates; it should probably be over whether or not a basic benefit package includes abortion. And the point is there will be more, more abortions, more children who die and more women potentially who may die as a direct result of that.

If I could, Mr. Chairman?

Chairman HAMILTON. Mr. Smith, you have had 15 or 20 minutes. Let me go to Mr. Faleomavaega and we will make another round.

Mr. Faleomavaega.

Mr. FALEOMAVAEGA. Thank you, Mr. Chairman. And I also would like to commend you for calling this hearing, especially on behalf of such distinguished members of the panel to testify before the committee this morning.

I appreciate very much the comments and certainly the differences of honest opinions about this very important issue about population control, if you will. And I appreciate the fact that there are some issues and problems that always seem to be unsolvable.

But I would like to offer this as a suggestion to the members of the panel and certainly seek your suggestions and thoughts on this issue, and I got this idea from a lady that is, I might say, not only known throughout the world for her work among the poor, the poorest of the poor, if you may, knows more about what it means to be working in the ghettos of Calcutta for some 40 years of her life, committed totally her life about helping the poor.

So whether you come from a developed country or undeveloped country, I think this lady, not only is she known throughout the world but she offered a very, what I feel to be a very pragmatic solution to the problem that we have just discussed with Mr. Smith as well as our friends here on the panel, and of course I am making reference to Mother Teresa.

A couple of months ago I heard her speak here in Washington, D.C. and she said fight abortion by adoption and I wanted to ask the members of the panel, I don't question the mathematics and the statistics and all that you have said about the rising problems we have with the population growth in the regions of the world and all this, but I have failed to see any mentioning as a possible solution to how much we really value human life by a way of conducting some form of, by way of organizations, whether it be not only perhaps our own country, to take the initiative on a regional basis, on a worldwide basis, and that is by adoptions. And I wonder if the panel could comment on this.

Have we made any serious effort, whether it be the United Nations or by our country or any regional organizations? How seriously have we looked into the problem or to this possible way of helping human life and conducting serious adoptions for those children that have a need for parents and families, or am I getting way off the hook on this?

I mean, I just wanted to know if Mother Teresa's comment I believe really has substance: "Fight abortion by adoption." Yes?

Dr. ROSENFIELD. In our own country, abortion counseling is provided in most family planning clinics when the issue of unwanted pregnancy arises. Carrying a pregnancy to term, adoption and abortion are the three alternatives that women should be counseled about when they come with questions.

In our country, I think there has been some increase in adoption. One of the sad facts is that for many of our African-American and Hispanic children, there has not been enough adoptive parents coming forth and there are some complex regulations about the adoptive procedures. We have not been able to meet the need for those women who decide they would like to give their child up for adoption to have adoption take place.

Worldwide I think that we have major problems in that regard and we see in Latin America and in several countries the so-called street children, abandoned children that no families will take care of. The numbers of street children that we see in some countries is increasing at a tragic rate and that is a very sad fact.

If we had adoptive parents, that would be wonderful, but I don't see it as a practical solution for a very difficult problem.

Mr. FALEOMAVAEGA. The point I am making is that we are taking the question of population growth as a serious issue that countries of the world are really taking this, but I am curious if the question of adoption has also been taken just as seriously in terms of a solution to the problems that we face as to this issue of abortion.

Mrs. CATLEY-CARLSON. Yes, it is. There are a number of associations, intergovernmental agreements and private organizations that do try and work with international adoption. But I think the thing that has to be recognized is the scale of what we are talking about.

Allan Rosenfield a little while ago talked about 25 million abortions in developing countries. If you add the rest of the globe, you get to a number between 50 and 60 million abortions a year. That is twice the population of Canada. The amount—there is no way and no conceivable administrative arrangements that—nor is there a demand that would mean that adoption is other than a partial solution, which when it works is wonderful both for the family that wishes to adopt and for the women who wishes to carry a pregnancy to term, but does not or feels she cannot raise the child.

So I would say to your question, which is an honest question, yes, and to where it works, this provides for contentment on both sides. But many if not most countries in the world have legislation which is quite rigid and determined about the number of their children that can be exported. And the procedures are long and difficult and the demand is nowhere near the number of 50 to 60 million per year.

And I think we get back to the question that was raised earlier. The woman is faced with a decision which she must make, a decision in days, sometimes weeks, and the question is, if she is going to make that decision, to move toward an abortion, what support she then gets from her medical system and then therefore what alternative she has to find.

Mr. FALEOMAVAEGA. Thank you, Mr. Chairman.

Chairman HAMILTON. Mrs. Meyers.

RELIGION AND CULTURE INFLUENCE ON THIS PROBLEM

Mrs. MEYERS. I think the Cairo conference raises formidable problems as it did in Mexico. Certainly it faces the problem of the religious influence on this problem. And no one wants to change anyone's religion, but in many countries where one religion is tremendously dominant, it does mean that it makes working with population planning very difficult. Certainly, in some cases just the cultural attitudes—I think possibly mostly this is exhibited in Africa—the cultural attitudes of men make it very difficult to promote any kind of family planning.

PRODUCING MORE THAN WE CONSUME

And what I would like to ask about that we really haven't touched on and I think was raised a lot in Mexico City and that is a kind of a north-south or industrialized, developed nations as against poor nations, a kind of us-against-them approach where the kind of thinking was expressed over and over that said that we, as major industrialized countries, consume too many of the world's resources.

Now, and this may be true, but still nonetheless we are producing more than we consume. And I don't think it should be used as an argument to assist with family planning in those countries where they are not producing enough to meet the needs of the population. Still I am sure that we are going to hear a lot of this rhetoric. Don't talk to us about population planning until you quit consuming so many of the world's resources. And I would like to hear how you would counter that argument.

Mrs. CATLEY-CARLSON. Well, the reason that that argument gets brought up is when people, very often from the industrialized world, adduce rapid population growth as one of the main difficulties in the environmental area, and their strict reason and truth has to say that at the moment it is not the main causal factor of environmental degradation.

As we go on adding 1 billion people per decade, it will assume more and more of an importance. For those who say that their interest in population relates primarily to environment, they should be looking in the mirror at western and north consumption because it is simply more important. There are 75 Africans per car and 2.5 North Americans per car, so if 75 Africans are born, that is one car. If 75 North Americans are born, one can confidently expect that there going to be another 30-plus automobiles, plus their attendant pollution, which is very simplistic and simple mathematics.

It means that if there was less attention to the one-child family and more attention to the one-car family, that the world would probably be on its way to both population and environmental stabilization. So I think that shows the wisdom of looking at population primarily through the rubric of human rights, to being able to regulate one respect to health as a health need, as the kind of health benefits to mothers and children that are brought by improved spacing, by births that are later, the better life that girls have if they are educated, including a better life in terms of their reproductive health and intentions.

When you start hanging population on the environmental hook, very truthfully there is an invitation being offered to actually do a comparison of whose life-styles are actually contributing to environmental degradation in the 1990's, and the answer is not one that makes most of us very comfortable.

Chairman HAMILTON. Mr. Conable.

Mr. CONABLE. I tried to deal with this some, Mrs. Meyers, in my statement. It does seem to me it is a terrible mistake for the developed world to go to the developing world and say, "You have got to change your ways because otherwise it will affect us."

I got awfully sick, when I was at the World Bank, of people from California coming in to see me and telling me I had to suppress the

growth of the energy consumption in Brazil when California uses more energy than Brazil does. And yet we do have a kind of an insular view here and it can be turned against us with devastating logic if we don't try to impress on people where their own interests lie, not where our interests lie.

And it seems to me that that is the key to a successful aid program generally: To try to put ourselves in the positions of others and to find the truth that is true for them, not a truth that is true only for us.

Chairman HAMILTON. Dr. Preston.

Dr. PRESTON. Just a very brief comment. I think it is important to distinguish here between the resource use that is legitimate in a market economy and that which is not. Those with greater purchasing power in every market I am familiar with are entitled to purchase more of the goods and services they want.

I don't think that the resource use, which is certainly greater in developed countries than it is in developing countries, should embarrass us. Our aspirations for the developing countries are that they themselves will be able to use resources at the levels that we are using them and there is no reason they won't be able to.

I mean, I think there is a misunderstanding of the importance of natural resources in world production. There is a fallacy that because goods consist of so much carbon or copper or whatever, that that is the essence of the goods. The value of minerals in world GNP in 1985 represented 5 percent of the total value of production in 1985. Minerals are not a serious constraint on the development of developing countries.

However, we do have to be very careful in the area of environmental spill-overs, and here there is one very important issue that is bound to come up and I think we have to be very sensitive to the concerns of developing countries, and that is in carbon dioxide emissions.

There is little question that carbon dioxide emissions, 80 percent of which occur in developing countries mainly through the burning of fossil fuels, are likely to lead to global warming. Global warming is going to change agricultural production capabilities around the world. It will probably enhance them in the Northern Hemisphere, in Canada and the United States and Russia.

It is almost certainly going to reduce agricultural capabilities in developing countries. They have every reason to be concerned with our carbon dioxide production, and this is, it seems to me, a subject on which we have to be somewhat forthcoming.

Chairman HAMILTON. OK. We will begin the second rounds.

Mrs. MEYERS. Could we hear from Dr. Rosenfield?

Chairman HAMILTON. I am sorry. Dr. Rosenfield.

Dr. ROSENFIELD. I will make a very brief comment. I think the environmental issues are affected significantly by both people in the Western nations and in the developing world, and we need to focus on both. We certainly can't do it singularly. Both aspects must be considered.

The difficulty with one issue Dr. Preston raised, although I would like to see it happen, and that is perceiving the entire world living with the utilization of resources at the level that we do in the United States. I don't think that the amount of renewable and

nonrenewable resources could support that. We, in the United States, need to pull back, at the same time we help the development of other countries.

Chairman HAMILTON. OK. Mr. Smith, do you have additional questions?

Mr. SMITH. Thank you very much, Mr. Chairman.

You know, earlier our colleague from California made a point that the United States needs to be doing more. I think we run a very grave risk at Cairo and any other fora that we may participate in when developing countries look at the United States, as we have been discussing, a very huge energy consumption and other environmental degradation that we have endured in our country. We have got, for example, in New Jersey more toxic waste sites that are on the Superfund list, even though we are a very small State, than any other. Unfortunately, it is a throwback to some illegal dumping in past years.

But my point is, when you look at some poor person in a developing country who wants to have children, is being pressured by his or her government not to, because, again, if it is a political dictatorship, the government then runs everything and even in many of these countries where the health system or network is under the control of the government, the person coming in for care does not have a myriad of options and they are very much in a subordinate situation when it comes to what they really want to happen.

So I can envision a number of situations and I have heard of many over the years, whether it be subtle coercion or, as in China or India or some of the other countries where coercion has been used with impunity, these women are victims, and it is usually the woman, as Mr. Conable pointed out, who are the brunt of these policies.

The United States has a tax code policy, as we all know, that provides approximately $2,300 as an exemption for a child. Obviously, that is an incentive for families to build. It helps particularly middle class and lower middle class Americans to have some kind of government help with their families.

Would any of you recommend as part of a global population effort any kind of diminution of that policy, that deduction in this country, especially at a time when we are telling others to rachet up the disincentives and the other means by which larger families might result?

Dr. ROSENFIELD. Just a very brief comment on that. Despite that incentive in our country, on average, couples in the United States have slightly under two children per couple. If that were a major incentive to have more children, we would see a different family size than we do. So I don't think that that is a major contributor in the United States to population growth. I think the average number of children per couple in the United States is 1.7 or 1.8, slightly under two.

COERCIVE TECHNIQUES IN FAMILY PLANNING NOT EFFECTIVE

Mrs. CATLEY-CARLSON. I would like to challenge the presumption that international assistance in the 1990's is trying to advocate or push toward a certain family size in the developing world.

The advocacy of smaller families, the very open and very persuasive, and sometimes very harshly so, systems, I think were much more characteristic of a couple of decades ago and I think we should all imagine that systems in countries and as well as individuals can learn and that systems do move on.

You spoke of China. In China, the people that are working in population appreciate that coercion will not take them where they want to go, but particularly as the economic systems change, there is going to have to be a change in the Chinese system. Otherwise, they will not achieve their own demographic intentions.

You spoke of India. It is very widely recognized that the coercive techniques used under the Indian Emergency Act, which is after all some three decades ago, is probably the reason that India is so far behind in family planning because they induced exactly the kind of fear, concern and suspicion that you are talking about. But to imagine that this has not been realized and that this is not being built into the plans of other countries is to suggest that countries can't learn, and I think that countries and family planning programs and population programs can be learned over time.

INDONESIA'S CHANGE IN THEIR TARGETED POPULATION PROGRAM

I would give you the example of Indonesia, which is not a perfect program, but I would like to point out that they have over the years dropped targets because they found these targets to be producing the wrong effect and to have a coercive effect. They are downplaying incentives. And they have dropped what was called campaigns or the campaign approach to the use of contraceptives as being really not in keeping with treating every woman as a client, treating any woman individually.

So I wouldn't like the reader of the record of this morning to have unchallenged that there has not been a realization that the early attempt through targets, through incentives, through coercion has not been very seriously challenged by the movement as a whole. And since governments move slower than movements, I am not going to suggest to you for a minute that the real world is now a perfect place, but I would like to have equally on the record the idea that the Cairo conference is a kind of emanation of the collective view that these things really don't serve very well and that the next decade of family planning has to be absent those elements for the sake of the results as well as for the sake of clients.

VOLUNTARY POPULATION PROGRAMS ARE MOST EFFECTIVE

Mr. SMITH. Let me just respond. Surely it is not your testimony that China has in any way evolved or matriculated to the point where it is in any way, shape, or form, a voluntary system. Are you saying it is voluntary?

Mrs. CATLEY-CARLSON. No. I said if China wants to achieve its objectives on a permanent basis, there is a very large basis that they are not going to be able to do it by a nonvoluntary system.

Mr. CONABLE. I would like to add I do believe the China population program is coming apart to some extent. There is evidence of that. There is a lot of anecdotal evidence to the contrary where local officials are trying to meet quotas, but generally speaking, the Chinese program is in some difficulty.

Dr. ROSENFIELD. As I suggested in my testimony, one of the world's truly most successful family plans is in Thailand. There were no targets and no incentives. It was a voluntary program, and offered as many methods that the government felt were safe. And that is one of the true success stories, where women made the choice, and men, to practice family planning and none of the coercive elements were there. And I think that record is being recognized by increasing numbers of countries, including to an extent China.

Mr. SMITH. Let me just say for the record, Mr. Chairman, I think it is very important to be underscored that the coercion in China according to a number of people who have followed this and made a career of it, including Dr. John Ayre, who is with the U.S. Census Bureau and has made his entire career following the demography—and I would state parenthetically he is not a pro-lifer, he doesn't believe in the right to life of the unborn, yet he is intellectually honest enough to say it has been an outrage during the 1980's, since Tiananmen Square, has gotten worse and over the last 2 years, because many of the birth quotas and targets have not been met, because people are fighting the system. They are often paying a very, very dear price for it, again, mostly the women who are being victimized as a result of the one-child-per-couple policy in the last 2 years.

There has been a racheting upward effort to crack down on those women who have second-order births. Big Brother is saying in Beijing, You can only have one. Some are trying and having two, typically when it is a baby girl, reflecting perhaps the culture or whatever. There is a sizable disproportion between girls and boys, as I think we all know, in China but the international community by and large has looked askance throughout this entire process.

I know for a fact, Mr. Chairman, because I have led the effort here in Congress when the issue was put on the floor, yes, on two occasions we voted to condemn these practices as crimes against humanity.

But, Dr. Preston, when you talked about a lack of moral leadership with the 1984 initiatives coming out of the administration, one of those was the Kemp-Kaston language of 1985 that said we would not give any funding to any organization that supported or participated in the management of a coercive population control program.

The United Nations Population Fund has been the cheerleader and also the whitewasher of these horrendous crimes being committed against women. And our attempts to segregate accounts and play games with bookkeeping, in no way, I think, can consummate these terrible crimes.

My point is, China continues today right now with UNFPA, U.N. personnel on the ground assisting in these barbaric practices. They will be one of the participants in Cairo, highly esteemed and honored at Cairo, and meanwhile they are oppressing their women.

I, for one, would hope that we would stand with the oppressed. These women, these children are being aborted. The number went from 3 million to 4 million per year of abortions in China before the one-child-per-couple policy, to anywhere from 10 million to 14 million a year. It works. Unfortunately, it works because coercion works.

When you tell people that they can't have children and the government employs the system so effectively the way they do with quotas, and the U.N. is there assisting, it does work. This isn't something of two or three decades ago, Doctor. This is going on. We are having a conference that will highlight these practices and not say it is barbaric.

One final question, I know, and you have been very indulgent, Mr. Chairman, with the time.

Mr. Conable, there was a statement made recently by Betsy Hartman, the director of the Population and Development Program at Hampshire College. I would just like to quote her statement.

"In many countries the World Bank has urged governments to make population control a higher priority than basic health care. It has also pressured them to relax prescription guidelines for contraceptives and aggressively pushed those considered effective—IUDs, for example, injectables, and now implants—in the absence of adequate screening and treatment for side effects which can be serious and even life threatening."

Is that an accurate statement by——

THE WORLD BANK ON POPULATION POLICY

Mr. CONABLE. I don't believe it is. I think the World Bank has generally supported health programs and because of the importance of health programs for women growing out of the safe motherhood initiative, there has been included in the program a family planning element, but I don't believe the family planning element is dominating the program. I believe it is quite the opposite.

The purpose of family planning is to improve the health of the women, the spacing of babies, the opportunity of protecting against maternal death through complicated pregnancies, things of that sort, and not the other way around. I think that is a mistake.

Mr. SMITH. Would it be possible through your contacts at the World Bank to provide some amplification on that, because many of us are concerned there have not been any follow-up studies as to the deleterious effects to women as a result of this, leading many of us to think there are times they are given these implants or devices without that type of screening. I have heard this complaint many times. So if you could provide that, I would appreciate it.

Mr. CONABLE. The World Bank has a new paper out on population policy and I think that will be included in that paper. I will try to see that you get it.

Dr. ROSENFIELD. I also think in terms of making available contraceptive methods in countries, the World Health Organization, through its Human Reproduction Research Program, has played a very important role in conducting multicountry studies of the quality of the care, the safety of care provided, the complications, and we have extensive data from the World Health Organization on the use of Norplant and Depo Provera, with less information on Norplant because it is newer.

The studies on orals, injectables, IUD's and the various barrier methods have been quite extensive, looking at safety and quality-of-care issues.

It is also my belief that the UNFPA has publicly stated their opposition to the coercive approaches to family planning and they have stated that repeatedly.

Mr. SMITH. Let me respond to that briefly. That is part of the problem. Lip service is indeed paid in the abstract to coercion. But when it comes to matching up a record which is replete with coercion, China, there has been nothing out of the UNFPA.

As a matter of fact, Dr. Sattuck has said on the CBS Night Watch program and a number of other programs, and has said to me when I met with her, that it is a totally voluntary program. That gives a green light, in my view, to Peng Peiyun, Li Peng, and all the others in China, who when I met with them a couple of years ago said the same thing. They thanked the United Nations for providing them the cover—that is my word—but providing them the support for their population control policy.

Chairman HAMILTON. Dr. Preston wanted to make a comment.

EDUCATING WOMEN AND PROVIDING FAMILY PLANNING IMPROVES CHILD HEALTH

Dr. PRESTON. Just on the issue of the possible tradeoff between fertility and family planning programs on the one hand and child health programs on the other. I want to make the point that I mentioned earlier that the single most important factor in child survival in developing countries was women's education. That is correct.

The second most important factor is birth spacing. The World Health surveys have shown remarkably strong relationships between birth spacing and child mortality. The longer the birth spacing, in general, the lower child mortality.

Obviously, giving the women the right and opportunity to use contraception increases in general the spacing between births. So I don't see the inevitability certainly of any conflict in programs, and in fact many of the most effective programs have been combined maternal, child, and health programs and include a family planning element.

Chairman HAMILTON. Mr. Porter.

REBUTTAL THAT UNFPA IS A FORCE PROMOTING FORCED ABORTIONS

Mr. PORTER. Just a comment, Mr. Chairman, and I don't want to leave on the table the comments by my colleague from New Jersey on this subject and leave them unchallenged.

None of us believe in supporting forced abortion or infanticide or that the Chinese program is something that we can support. But to suggest that the UNFPA, which is an agency of the U.N. and must serve all of its member nations, is a force promoting those standards of forced abortion and infanticide is complete nonsense.

UNFPA has been a force for moderation in the Chinese program and has not been in any way a participant or a part of that program that we find offensive and not meeting our standards of basic human rights.

Mr. SMITH. If my good friend would yield very briefly since he mentioned my name.

Mr. PORTER. Of course.

Mr. SMITH. The Reagan and Bush administrations after a careful analysis in the Bannister study, which was one of the best studies done, found that there was a connection of support and comanagement of a coercive population control program in China with the UNFPA. They may not have—and we don't know this for certain—have provided the actual chemical poisons for killing these children, but they provided the wherewithal, the means, the population data, the computer software, the ability to target factory XYZ, province XYZ, to say what the birth quota should be so if anyone exceeded that in that particular locale or factory, in comes the population control folks to say, You are outside the parameters of our system.

So they have been very much a part of that and that is why they were denied funding under the provisions of the Kemp-Kaston language after a careful review was made by the Agency for International Development each year and were found to be ineligible for that funding.

So you know, and I have looked at it, the analysis is done every year and it has been very clear that there was a clear finding, it went right to the courts. Judge Abner J. Mikva was the one who handled that case, and again he is a man that happens to be prolife, but he looked at the facts of the case and came to a conclusion that indeed the preponderance of evidence suggests that there is a hand-in-glove relationship here and they are indeed part of the coercion in China.

Mr. PORTER. If I could suggest to the gentleman that the money that goes in from UNFPA to China is about $10 million. They are estimated to be spending in excess of $1 billion on their program. It is an infinitesimally small amount of money. The money today is spent on maternal and child health.

And I might say that while it is a correct moral position for us to say we don't approve of the Chinese program, what we managed to do over the years by cutting off funds to UNFPA, which did nothing, I might say, to change the Chinese program, we managed to cutoff funding through UNFPA to 130 other countries that were not engaged in any way in coercive practices, which I think was a policy that in its own sense was an immoral one.

So I suggest to the gentleman, you are putting UNFPA in a light that is just is not fair. Their participation is very small. Their program is not supportive of coercive practices, and our policy has been one that simply has not worked and has hurt the cause of voluntary family planning worldwide.

Chairman HAMILTON. Let the chair express appreciation here to our panelists for a very good discussion on a tough subject, and we have appreciated very much your participation. Likewise, my colleagues. And we stand adjourned.

[Whereupon, at 12:33 p.m., the subcommittee was adjourned.]

APPENDIX

Statement of
CONGRESSMAN TOM SAWYER

to the
Committee on Foreign Affairs
Hearing on U.S. Population Policy and U.S. Position
at the Upcoming Cairo Conference

July 12, 1994

Mr. Chairman, I would like to thank you for scheduling this hearing on U.S. preparations for the United Nations International Conference on Population and Development.

For the first time in over a decade, the United States is well-positioned to provide substantive, effective leadership that will shape global population policies into the next century. Our level of commitment toward achieving definable goals will have an enormous effect on the outcome of the Cairo Conference.

The Cairo Conference will raise many significant issues. I wanted to point out a few of particular interest to me. There are more than 19 million refugees in the world today -- the largest number of forced international migrants since World War II. While refugees comprise only a small portion of the global population, they represent a growing dynamic of future population policy.

Statistical information on the number of refugees and their needs is inadequate, particularly when refugee flows are substantial. What we do know is that the people who are forced to move have no choice in the matter. It is not good enough to argue over whether increasing rates of refugee flows are desirable. The reality is that population changes <u>are</u> happening.

The same point can be raised about other global population policy issues, including population growth, availability of reproductive health information and services, and sustainable development. The world's population is growing and changing at a rate that demands coordinated responses by the global community. In preparing for the Cairo Conference, it is enormously important to maintain focus on what is happening.

On August 2, the Subcommittee on Census, Statistics and Postal Personnel, which I chair, will hold a hearing on the availability and quality of global demographic data to support policy development and programmatic solutions. My intent is that those efforts will complement the work of the Foreign Affairs Committee in preparation for the Cairo Conference.

Again, Mr. Chairman, I thank you for holding this hearing. I look forward to the testimony of our distinguished witnesses.

OPENING REMARKS OF CONGRESSMAN CHRIS SMITH
Foreign Affairs Committee
July 12, 1994

U.S. POPULATION POLICY AND U.S. POSITION AT THE UPCOMING CAIRO CONFERENCE

Some of the world's most powerful, rich, all-knowing elitists think there are just too many of us walking around and are taking draconian steps to impose a final solution to rid the planet, once and for all, of big families and hundred of millions of little children. Developing countries are slated to absorb the biggest hit in the years ahead if a new UN plan of action is adopted in Cairo in September.

You can be sure that the population extremists dishing it out as part of the master plan won't be sacrificing their own lives on the altar of numbers reduction but rather will suggest a more docile, expendable segment of humanity for extermination -- namely unborn children.

Abortion on demand is being touted this year as a means of thinning the herd, as if human beings were cattle or deer. This approach absolutely devalues, devastates and dehumanizes unborn babies of all races, color and gender. This approach is anti-child and sick.

The push for global abortion on demand, with President Bill Clinton taking the lead, is an ominous turn from a decade ago.

At the 1984 UN population conclave in Mexico City, the delegates agreed by consensus that "abortion in no way should be promoted as a method of family planning."

Between, then and now, the UN has approved the Convention on the Rights of the Child. You may find it of interest to know that I served as the Congressional Delegate to the UN in 1989 and delivered the U.S. position in favor of the Convention which said:

> ***Protection of the Unborn...The United States fully supports the inclusion within the preamble of the convention language from the 1959 Declaration of the Rights of the Child confirming that "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."***

Children -- born and unborn -- are precious

and extremely vulnerable. Governments have a duty and sacred obligation to protect these children to the maximum extent possible.

Birth is an event which happens to each of us. The most tender, formative 9 months prior to this great event will forecast the healthiness of the child after birth. One of the most positive protections for a healthy childhood -- after life itself -- is proper prenatal care.

Yet today, in a radical flip-flop in U.S. priorities, our country, with our Abortion President Bill Clinton, is trying to force developing countries to embrace the butchering of unborn children.

The simple fact of the matter is that abortion on demand is child abuse and in no way can be construed as humane or compassionate or as a means of reducing the number of children.

Abortion methods include dismembering innocent children with razor blade tipped suction devices or injections of chemical poisons designed to kill

the child.

Peel away the euphemisms that sanitize abortion and the cruelty to children -- and their mothers -- becomes readily apparent to anyone with an open mind.

Today, approximately 100 countries around the world recognize the inherent cruelty of abortion and have laws on the books to protect the lives of the unborn. If Mr. Clinton and other pro-abortionists have their way, however, pro-life laws would be nullified in developing countries and a new baby holocaust will ensue.

The Clinton Administration is so obsessed with promoting abortion on demand that the U.S. State Department recently cabled every U.S. embassy and mission abroad to enlist our envoys' support in lobbying their respective governments in anticipation of the New York Prep Com for "stronger language on the important of access to abortion service...." The cables called abortion on demand a "priority" issue for the United States and a "fundamental right." No concern whatsoever was expressed for the child-victim of abortion.

Finally, let me note that the United Nation's Population Fund -- the lead

UN agency for the upcoming Cairo meeting – continues to invite criticism for its complicity in China's one child per couple policy. Since 1979 to today, the UNFPA has vigorously defended China's barbaric population control program despite the fact that the PRC relies heavily on forced abortion and forced sterilization to achieve its results. The UNFPA has poured over $150 million into China's program, its personnel work side-by-side with Beijing's cadres and on numerous occasions in a myriad of fora the UNFPA has whitewashed massive violations of human rights in that repressed country.

To hear the UNFPA tell it, China's program is voluntary. Nothing could be further from the truth.

Before leaders of the developing world bow and knuckle under to Mr. Clinton's demands and pressure or to UN arm twisting, consider the innocent children and the families of your nation and then ponder the agony of China.

How would you feel if you, your loved ones, including family and friends were forced to live in a land where brothers and sisters were officially declared illegal; where only one child per couple is permitted; where children, if not explicitly authorized by a birth quota system engineered by the government, are literally stolen from their moms and killed with poison by

population control fanatics.

This brand of UN sponsored population control isn't fiction or the story line emanating from some bizarre new novel, but the nightmare and shame of government imposed population control in China.

Some brave souls in China somehow manage to evade the population gestapo, but they too are usually discovered for the punishable offense of having and loving children. Once discovered, they are often beaten, demoted, and discriminated against at work, severely fined, or their homes are demolished.

All of this cruelty against women, children -- the family -- is day-to-day reality on an unbelievably massive scale in the People's Republic of China.

My wife and I are the proud parents of four wonderful children. If Beijing's policy applied to us, three of our kids would be dead. China's one child per couple policy, with its pervasive use of forced abortion and forced sterilization to achieve its goals, is a scandal. It is inhumane and constitutes crimes against humanity. All this cruelty from a dictatorship in Beijing, answerable to no one. Yet it is supported by -- you guessed it -- the United

Nations Population Fund.

No government, no U.N. agency has the right to pressure families not to have children. Family size should be left up to parents -- not some bureaucrat in the government or international organization. Abortion on demand is not an ethical means of family planning because it kills children and emotionally scars the mother.

I urge leaders of developing countries to stand tall on the principle that all human life is precious and sacred -- including unborn children. Resist all pressure to destroy the children of your homeland in the name of population control.

Three divergent views on Population, Resources and the Environment: The Critical Challenges, edited by United Nations Population Fund. New York: UNFPA, 1991. vi + 154 pp. No index. ISBN Pb 0-89714-101-6. US$ 24.75.

II

When the tale of the twentieth century's 'population movement' is eventually written, future historians are likely to note the United Nations' instrumental role in globalizing an anti-nationalist agenda that, barely a generation earlier, had been peculiar to a relative handful of activists, most of them private citizens from the United States. In studying the United Nations' institutional embrace, and subsequent promotion, of the doctrine of population control, such historians are sure to be intrigued by the catalysts at the United Nations Population Fund (UNFPA), the organization within the UN hierarchy assigned primary responsibility for population activities. Originally established to respond to UN member governments' actual demographic interests and concerns, the agency quietly succeeded in redefining its mandate, and was soon devoting much of its energy to lobbying the states it nominally served to alter their policies.

While our future historians will inevitably miss some of the detail in the UNFPA's metamorphosis from dutiful demographic executor to impassioned anti-nationalist advocate, they will find the flavor of the change faithfully captured in the written record. In 1975, for example, the UNFPA's annual report cautioned that:

> Serious warnings have been issued from time to time on the population situation. But the Fund . . . has advisedly avoided making apocalyptic statements since it would be contrary to its mandate to influence Government decisions in any way.

In 1991, by contrast, a major UNFPA study – *Population, Resources and the Environment: The Critical Challenges* – would conclude with the following words: 'Time is not on our side. Action is needed now. It cannot come soon enough' (p. 117). This latter UNFPA document, in fact, may prove extremely useful and informative to future chroniclers of our contemporary 'population movement – although not for the reasons its author would have intended.

Prepared in anticipation of the 1992 United Nations Conference on Environment and Development, *Population, Resources and the Environment* assesses the impact of increasing human numbers on the availability of natural resources, the quality of the global environment, and on the very ability of our planet to sustain life under mankind's growing weight. The document frames a sobering – indeed, alarming – picture of adverse trends and impending disasters. Rapid as population growth may have been in recent decades, global poverty is said to have been mounting even more quickly. 'The poorest of the poor', in its estimate, 'totaled less than 0.5 billion in 1975 . . . but their number has now (1991) risen to 1.2 billion' (p. 15). Much worse, however, is said to be in store for 'the decade ahead could see a combination of mounting grain deficits, surging grain prices, and spreading hunger among ever larger numbers of people' (p. 34). The reason is clear: 'It is now becoming apparent that there has been an environment – population debacle building up for decades in the agricultural sector, covert and largely disregarded until the last few years' (p. 34).

The approaching tragedy is said to be driven in part by climatic changes, ascribed largely to excessive emissions of 'greenhouse (effect) gasses' by industrialized countries. According to a computer model cited repeatedly in the document, climate change will make worldwide harvest failures a regular occurrence, with 10% drops in world grain production as often as three times a decade in the early twenty-first century (p. 29). 'It is not unrealistic', the document states, 'to reckon that each such grain harvest shortfall would result in the starvation deaths of between 50 and 400 million people' (p.29).

But the approaching tragedy is also being propelled by the rapid population growth of the less developed countries, which are overshooting the 'carrying capacity' of their national soils, water systems, and forests. The document gravely indicates that the human race may *already* have exceeded the total numbers that the 'planetary ecosystem' can sustainably feed, even on a completely vegetarian diet (p. 72). But in high fertility Africa, Asia, and Latin America, the perils of overshoot are depicted as immediate and dire. Seven country 'case studies' are presented to confirm the general proposition that Third World ecosystems cannot sustain the population levels they must support today, but nonetheless are being degraded by further growth of human numbers.

Weighing its findings, the document is grim. In some places, it suggests, 'problems of population growth and environmental decline' may be irremediable; the authors venture only the qualified hope that 'in many instances things can still be turned around' (p. 105). Seizing this fleeting opportunity, however, 'will be possible only if *all* governments participate in identifying population and environmental linkages and act, accordingly, to resolve them' (p. 105; emphasis added). The document endorses the 1989 'Amsterdam Declaration', which called for, among other things, 'a reduction in the average number of children born per woman', 'substantial reduction in very early marriage', 'a better geographic distribution of the population within national territories', and which introduced a request for a very significant increase in international aid for population programs (p. 105). The document further recommends that 'all governments should develop the capacity to integrate population factors into development planning' (p. 107), ideally by 'the establishment of a high level body . . . answerable directly to . . . the president or the prime minister', but at the very least by 'locating a Population Unit within the National Planning Ministry' (p. 109). The document proposes a number of changes that are said to bear indirectly in fertility, including '[redacted] radical reorientation of development policies to upgrade the status of women' (p. 113). Finally, its advocates various global economic measures, such as 'restructuring of the debt burden and more equitable trade arrangements' for Third World countries (p. 8), which have little direct relation to population or environment, but happen to be championed at the moment by sister agencies within the UN family.

The casual reader of the document will be struck not only be the urgency of its message, but by the apparent thoroughness of the research supporting it. Fully 361 references are cited to substantiate the findings and recommen-

dations of this slim volume. It may not occur to the concerned and well-meaning reader that this display of erudition could actually be an elaborate sham – a facade erected to enhance the appearance of the construct, but unconnected to the structure it adorns. Yet amazingly enough, closer examination reveals this to be precisely the case.

Take the document's reference #6, which is offered in support of the claim that 'non-sustainable use of natural resources, coupled with environmental degradation from economic development, was costing [pre-unification] West Germany 20 billion marks a year, a full 10% of the country's Gross National Product' (p. 7). This is a striking assertion, not least because it has been decades since West Germany's total output was as low as 200 billion DM a year. Upon inspection of the intended reference, it turns out that the relevant passage *never* offers the figure of 20 billion marks, nor does it place environmental costs at 10% of West German GNP. Locating that precise passage, however, is not as easy as one might imagine, for in addition to misquoting its reference, the citation misspells the name of the author and the title of his book. It also lists the wrong publisher, the wrong city of publication, and the wrong publication date.[1]

Nor is this an isolated circumstance. Throughout the 'References and Notes', section titles are garbled and authors' names mangled. Not even the former Secretary General of the United Nations, Javier Perez de Cuellar, can escape such treatment: in reference #275 (p. 150) he is rechristened as "P. DeCuellar".

The disregard for accuracy that mars the bibliography dogs the text as well, especially when numbers are involved. Regarding Pakistan, for example, the document states that 'the average family size today is seven children' (p. 73), whereas a statistical appendix at the back of the document places Pakistan's total fertility rate at 5.95 (p. 137). By the same token, the 'case study' on the Philippines talks of 118 million people 'by 2020' (p. 89), even though the statistical appendix projects 105 million for that same year (p. 137). There is also a parade of idiosyncratic judgements introduced as hard data. El Salvador, for example, 'suffers more environmental degradation than any other nation' (p. 101); 'only 3% of women are educated' in Pakistan (p. 74); and 'exploratory research suggests that there could well be a threshold for acceptable size of about a million people' for any city on earth (p. 59).

The document's misstatements of fact, ample though they may appear, are perhaps less consequential than its selective misrepresentation of the current scientific literature on population, resources, and the environment. Its call to action, after all, turns largely on two 'findings': (1) that climate change is threatening world food output, and (2) that global population has already outstripped the planet's long-term capacity for feeding it.

It is true that a careful combing of today's academic publications and pamphlets can locate items which print such statements. It is also true that other scientists today question the empirical base upon which the theory of the 'greenhouse effect' has been built,[2] and that still other scientists have

calculated that the earth could indefinitely sustain a population of up to 38–48 billion people on a diet equivalent to Western Europe's in the 1970s.[3] This document never so much as acknowledges the existence of such differences in expert opinion on these portentous matters. Nor does it acknowledge that it has consistently selected the most extreme – and pessimistic – assessments available for its 'plausible' scenarios of the future.

How can such an approach to policy research be justified? The document is disarmingly frank about the answer. As it observes in one of its case studies, 'An operational evaluation of Pakistan's carrying capacity becomes, in essence, a matter of judgement' (p. 78). Elsewhere, it assures the reader that 'we know what to do in order to set ourselves on the track towards a sustainable future' (p. 23). Moreover, perhaps most importantly, 'we cannot defer the question until such time as we have conducted enough research'. Uncontrolled facts and findings, in other words, may get in the way of the action program preferred by the drafters of this document.

Scholars and researchers who come fresh to *Population, Resources and the Environment* will be tempted to dismiss it as a careless, polemical, and intellectually confused product. But some forbearance may be in order. It is true that the document, qua research effort, is of little intrinsic merit: after all, it barely approaches the periphery of a serious discussion of population-resource-environment interactions. Nonetheless, the document may prove to be of considerable historical interest.

Like all presentations that hold conclusions constant, allowing only arguments and selected facts to vary, this document is a work of faith – albeit a secular one. Our century has been rife with secular utopian movements, akin to religions, but intent upon doing their good works here on earth. Looking back at our century, our future historians may marvel at the fervor and self-assurance of those who, like the authors of this document, proposed to impress such far-reaching changes on the lives of so many people on such very flimsy 'scientific' grounds. notes

Notes

1. Ernst Ulrich von Weizsaecker, *Erdpolink* (Darmstadt: Wissenschaftliche Buchgesellschaft, 1989), pp. 145–147; this is listed as: E. von Weiszacher, *Ord Polink* (Institute for European Environmental Policy, Bonn, 1990).
2. Patrick, J. Michaels, The greenhouse effect and global change: Review and reappraisal, *International Journal of Environmental Studies*, Vol. 36 (1990), pp. 55–71.
3. Roger Revelle, Food and Population, *Scientific American*, Vol. 231 (1974), pp. 161–170.

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Population Policy: Ideology as Science

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I

In recent years the poorer regions of the earth have been swept by a "population revolution" which, though it has attracted comparatively little attention, is nevertheless both unprecedented and pregnant with consequences for the peoples of the countries affected. This "revolution" has been taking place neither in the bedroom nor in the health clinic, but rather in the corridors of government. Among otherwise diverse countries in Africa, Asia, and Latin America, a single idea has rapidly gained currency: that a modern government should have a population "policy"—an array of laws and measures specifically aimed at shaping the composition, size, and rates of change of the national population.

India's was the first Third World government to endorse the principle of an active population policy. It took that step in December 1952, with the adoption of its first Five Year Plan, a document establishing as a long-run governmental objective the direction of the country's population toward "a level consistent with the requirements of the national economy." By the mid-1980s, over thirty governments in the less-developed regions of the world were following suit. This group included the governments of six of the world's ten most populous countries. By the late 1980s, more than seventy of the world's governments reported that they viewed their national fertility or population growth rates as "unsatisfactory," and that they considered policy interventions to alter these rates to be "appropriate." As of 1990, more than three billion people were living under such governments: over four-fifths of the population of the less-developed regions of the earth at the time, and nearly two-thirds of the population of the entire globe.

The adoption of comprehensive population policy marks an eventful change in the conception of the role of government in civic life. In the past, governments were often called upon to perform duties with demonstrable demographic consequences—the regulation of immigration, for example, or the eradication of communicable disease. The demographic impact of such programs, however, was typically subsidiary to their intended purpose (the preservation of national sovereignty, the promotion of public health, etc.). The idea of harnessing state power to the goal of altering the demographic rhythms of society per se suggests—and indeed almost seems to require—a new sort of relationship between the state and the citizen.

The nature of this new relationship is indicated by some of the targets that have been set by contemporary population policies. The government of Bangladesh, for example, has committed itself to the goal of a total fertility rate of 2.34 births per family by the year 2000; women in Bangladesh today, however, are thought to have an average of just under five children. The government of Ghana, for its part, has determined that its national fertility rate at the start of the twenty-first century should be 3.3 births per family; yet Ghana's parents are currently guessed to be having an average of about six children per family. If Bangladesh and Ghana are to meet their established targets, both governments must apparently oversee a reduction in their people's fertility by roughly 50 percent in the next six years—and in Ghana there are as yet no indications of sustained fertility decline. Just how such a radical alteration of personal behavior in so intimate a sphere of life is to be achieved is not clear to outside observers; it may not even be apparent to the planners who envision these targets. But if such reshaping of national fertility patterns is to be set in motion by government action, there would obviously

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have to be direct, far-reaching, and even forcible state interventions into the daily lives of the overwhelming majority of the citizens of these two countries—as well as others with similar "targets."

What accounts for the rise of population policy? "Population planning" as currently practiced in China—with its "birth quotas" and its manifold pressures and penalties to "convince" parents to have but a single child—may seem particularly consonant with the philosophical underpinnings of a Communist dictatorship. Yet a stringent and encompassing population policy, only somewhat less ambitious than Beijing's, has also been executed in Singapore—a society with a nominally democratic government. Indeed, the list of Third World governments committed to the goal of shaping the demographic pattern of their societies seems to cover the political spectrum, including not only dictatorships and one-party states (Haiti, Indonesia), but also monarchies (Morocco, Nepal) and a number of genuine constitutional democracies (such as Barbados and Botswana).

The revolution in government presaged by an activist population policy would thus seem to be based less in politics per se than in "science," for in the final analysis it is the field of learning known as "population studies" that provides population policy with its raison d'être. This field, it is widely believed, has advanced sufficiently to permit meaningful predictions of the impact of population changes on the social and economic development of both rich and poor societies. Insofar as modern governance is predicated on the idea that national directorates can and should act to improve the material well-being of their subjects, and insofar as a useful understanding of the specific economic and social consequences of population change appears to have been developed, it should not be surprising that a growing number of governments have seen merit in the prospect of shaping the demographic contours of their country so that national welfare and social prosperity might be "scientifically" advanced.

Unfortunately for all involved, contemporary population policies have in large part been promoted and adopted on the basis of a serious misconception. The relationship between population change and economic development is as yet rather poorly understood, the assertions of certain bold professionals to the contrary notwithstanding. For many of the relationships between the two that have been suggested are at best highly tentative, and in any event cannot be construed to imply causation. Still others are characterized by false precision or misplaced specificity. And despite the authority that population "scientists" today lend to the worldwide effort to promote birth control, convincing evidence that *voluntary* family planning programs have resulted in sustained changes in fertility norms is still lacking. None of this augurs well for the populations upon which far-reaching and purportedly scientific population policies are to be applied.

II

The relationship between population change and social or economic change is a topic awesome in its complexity. Many of the issues raised by the "population question," moreover, involve matters of the deepest personal conviction or preference. Any discourse on population quickly comes to touch, if only implicitly, on such questions as the nature of free will; the equality of man; the rights of the living and the unborn; the obligation of the individual to his group, his society, or his God; the sanctity of the family; society's duties to the poor; the destiny of one's nation or one's race; the prospects for mankind; and the value of life. Such questions are best, or at least most comfortably, addressed in consultation with one's conscience, creed, or ideology. Thus, in any analysis of so-called population problems, the element of faith, whether directly expressed or inadvertently demonstrated, is unavoidable. Although ostensibly secular in nature, population studies often exhibit many of the trappings most commonly associated with religious movements.

In recent decades much of the most influential thinking on the "population question" has acquired a certain messianic tone. It has not been uncommon for respected authorities to evoke the image of an apocalypse brought on by adverse population trends—and to justify programs requiring great sacrifice or exertion by the salvation from hideous alteratives that they alone would offer. In 1992, for example, the UN Population Fund announced that "a sustained and concerted program starting immediately" to curb worldwide population growth was essential, since current trends, in the words of Nafis Sadik, UNFPD's director general, create a "crisis [that] heightens the risk of future economic and ecological catastrophes."

Such warnings have been issued before. Stanford University's Paul Ehrlich began his 1968 best-seller, *The Population Bomb*, with a prophecy: "The battle to feed all of humanity is over. In the 1970s the world will undergo famines—hundreds of millions of people will starve to death in spite of any crash programs embarked upon now." The most optimistic of Professor Ehrlich's "scenarios," involving a radical worldwide program of population control and resource conservation to reduce the world's total population to 1.5 billion (less than a third of its present level) in some future century, envisioned the death by starvation of about a fifth of the people alive in the world in 1968. By the same token, *The Limits to Growth*, the 1972 million-selling computer modelling study sponsored by the Club of Rome, produced simulation of future trends that suggested an impending "collapse" of global population—proportionately and absolutely more devastating than was the Black Death in medieval Europe—in the absence of a balancing of world birth and death rates by 1975, cutbacks in pollu-

tion, and substantial increases in industrial and agricultural efficiency.

Belief in such visions was not always diminished when predictions predicated upon them were decisively disproven by events. Instead, the demographic "true believers," in the fashion of millenarians, often simply reformulated their prophesies so that they could not be empirically disproven.

Rapid population growth is not the only demographic phenomenon that has prompted observers to invoke specters of catastrophe. Dire consequences have with equal assurance been ascribed to population slowdown or decline. During the 1930s, noted economists such as John Maynard Keynes and Gunnar Myrdal warned that the failure of Western populations to reproduce themselves would contribute to unemployment, insufficiency of investment, agricultural crisis, and low living standards—precisely the problems that a more recent generation of population experts has described as consequences of rapid population growth!

The tendency to invest in population theories with an almost religious zeal—as well as to harness them to the service of political movements buoyed by public hysteria—might be considerably reduced if there actually were a body of knowledge demonstrably capable of explaining population change, or of connecting this change predictively with various determinants or consequences. Unfortunately, such an understanding of the process of population change does not exist. Although the postwar field of "population studies" has occasioned wide-ranging, detailed, and often ingenious academic investigations of the interplay between population, economy, and society, nothing like a generalized understanding of the socioeconomic causes or effects of population change can be found today—or even looks to be in the offing.

One is, of course, asking too much of demographers to expect them to provide any overarching "laws of population." No one would demand of an historian that he provide a unified "theory of history." For all the mathematical rigor required in some of its investigations, the study of human population is a field of social inquiry, not a natural science. Such relationships as it may uncover at given times in diverse places are, like all social phenomena, shaped by the factors of human values and volition, quantities that may seldom be reduced to fixed parameters.

It is instructive to consider some of the limits of today's "population science." Despite the sophistication of population mathematics, the rate of growth of human populations cannot be predicted with accuracy over any extended period of time. Population projections from the fairly recent past highlight the problem. In the 1920s Raymond Pearl, then one of America's leading population biologists, predicted that the United States would reach a population of 200 million around the start of the twenty-second century; in actuality, America passed the 200 million mark in the 1960s. In the 1930s, France's foremost demographers agreed that French population was certain to fall; various projections indicated a drop of between two and twelve million people—that is, from 5 to 30 percent—between 1930 and 1980. In actuality, despite the losses it sustained in the Second World War, France's population rose by about 30 percent over that period. More recent refinements of techniques have added little to the precision of demographic forecasts. In 1959, for example, the United Nations' medium variant projection put India's 1981 population at 603 million—an estimate which, twenty-two years later, turned out to be off by about 100 million people. Long-term population projects are not always wrong, of course, but they can be right only by chance, for there is no scientific method for predicting either death rates or birthrates.

There is reason, moreover, to expect population projections to become even less accurate in the future. Advances in the fields of public health and public administration now make it possible for governments in low-income countries to reduce national mortality at an increasingly rapid pace—if these governments are resolved to pursue the necessary policies for doing so—even in the absence of more general social improvement. At the same time, the speed with which fertility change may occur has been increasing. In England and Wales, it took almost eighty years in the nineteenth and early twentieth century for the birth rate to fall by 15 points. In the People's Republic of China in the 1970s, a reduction in the national birthrate of about 20 points was accomplished—by whatever means—in a single decade. Even without aggressively anti-natalist measures, a drop in birth rates of over 15 points occurred in postwar Japan in barely ten years (1948-1958). With a growing possibility of the rapid alteration of demographic trends, the horizon of accuracy on population projections, far from extending, may be drawing ever closer to the present.

One of the reasons that long and even medium-range population projections are of such limited accuracy is that there exists no method for predicting fertility change in contemporary societies. There is, in fact, no method for predicting even the *onset* of fertility decline in those societies where birth rates are high, and seemingly stable. The search for social or economic determinants or preconditions for changes in fertility has in large measure proved frustrating, for societies of the modern world and the recorded past exhibit a breathtaking diversity of relationships between demographic, economic, and social conditions.

Low fertility, for example, is commonly thought to be associated with high levels of health; yet life expectancy in contemporary Kenya, where the total number of births per woman is currently believed to hover around 6.5, appears to be similar to that of Ger-

many in the mid-1920s, where the total fertility rate was only 2.3. Fertility decline in nineteenth-century France proceeded even when levels of national mortality were considerably higher than those prevailing in Bangladesh today; by contrast, there is as yet no indication of secular fertility decline in Oman, even though its birthrate is thought to be 30 percent higher, and its life expectancy nearly thirty years greater, than that of France in 1850. It is commonly said that fertility and income are negatively correlated, but the limits of such generalizations are suggested by the World Bank's latest *World Development Report*, in which Tajikistan's level of per capita output and its birthrate are *both* depicted as being about twice as high as the corresponding figures for Sri Lanka. The great diversity of relationships that may be seen between demographic and social or economic conditions makes virtually any simple generalization about populations and development hazardous, for there is almost always at least one example that can be found to call the generalized relationship into question.

If there are broad difficulties with theories of population, there are also a number of serious problems in the study of population and development that are entirely practical. Foremost among these is the problem of false precision. In the statistical accounts used most frequently for the analysis of world demographic and economic conditions, numbers and trends are often presented with a degree of implied specificity that is entirely unwarranted by the actual margins of error surrounding them. Not surprisingly, this has often led scholars to erroneous or untenable conclusions.

The nature of the problem is suggested by the 1985 edition of the World Bank's *World Development Report*, the most widely circulated annual publication on development issues. In its statistical appendix, it presents an estimate for the population of Somalia as 5.1 million—implying a margin of error of 100,000, or about 2 percent. The same appendix gives Somalia a birthrate of fifty per thousand for both 1965 and 1983—again implying a 2 percent margin of error. It might therefore come as a surprise to learn that Somalia has no system whatsoever for registering births, and as of 1985 had *never* conducted a national census. Those figures for Somalia were essentially invented: guesses dignified with decimal points.

Somalia, to be sure, is an extreme example. Still, it would be unwise to assume the accuracy of most current demographic estimates. Near-complete vital registration systems cover only about a tenth of the population of the Third World—and in general tend to be least comprehensive in precisely those nations where the connection between population and development is of the greatest humanitarian concern. Indicative of the uncertainties attendant on measuring world population is the lag time between the estimated peaking of world population growth and the announcement of that event by demographers. It is now widely believed that the world rate of natural increase reached its maximum between 1960 and 1965, and has declined since then. Demographers, however, did not begin to suggest with any confidence that the world rate of population growth might have peaked until 1977—more than ten years after the presumed date of that event.

If demographic trends are beset with uncertainties, estimating economic output must be an even more tentative undertaking, involving as it does not only the measurement of populations, but also of their per capita production and consumption of goods and services—not to mention the valuation of these latter. For less-developed countries the problems of estimating levels of economic output and their rates of change can be arresting. To cite but one of many possible examples, a team lead by Irving Kravis of the University of Pennsylvania concluded that India's nominal gross domestic product per capita for 1970 would have been tripled if it had been measured not in terms of dollars at the prevailing rupee-dollar exchange rate, but rather in terms of the standard international costs of the goods and services that the "average" Indian produced. Kravis' estimates of purchasing power, however, did not apply to all poor countries equally. Measured by the regular exchange-rate method, 1970 per capita GDP in Kenya appeared to be 44 percent higher than in India, but after adjusting for differences in actual purchasing power, the Kravis team concluded that the Kenyan per capita GDP was almost 9 percent *lower* than India's. The effect of such adjustments on any presumed correlation between demographic and economic levels in the two countries, clearly, would be profound.

Population change itself further compounds the difficulty of measuring a society's economic welfare. Because children tend to consume less—often substantially less—than adults, standards of living at any given level of national income can be significantly affected by the age composition of a population. A rapidly growing population in which average age is comparatively low will appear to have a lower per capita level of consumption than a stationary population with a higher average age, even if at every single age people in both populations consume exactly the same amount. And changes in mortality can introduce even greater biases.

Innovations in public health during the course of this century have typically had a disproportionate impact on the mortality of children and on diseases associated with poverty. If poorer parents tend to have more children than richer parents, as is the case in many (but not all) low-income societies today, improvements in health could appear to be lowering per capita income and contributing to greater income inequalities in society as a whole, even though the fami-

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lies affected by these life-saving changes could regard themselves as indisputably better off.

Dan Usher, an economist at Queen's University in Canada, has attempted to impute an economic value to improvements in life expectancy in several developed and less-developed countries. Though his results are sensitive to his assumptions about interest rates and the self-perceived value of additional consumption, they are nonetheless interesting. By Usher's computations, adjustments to account for the value of lengthened lifespans to those whose lives were extended would have raised the nominal annual economic growth rate for Chile for the years 1931-1971 by over half, and would have more than doubled Sri Lanka's for 1946-1968. These may be extreme cases: health improvements in both societies were rapid during those years, and measured rates of economic growth were comparatively slow. Nevertheless, Usher's computations may suggest the sorts of factors that are ignored in conventional discussions of the impact of population growth on society and economy—and of the effect that ignoring such factors may have on the evaluation of the consequences of population change.

III

In the less-developed countries of Asia, Africa, and Latin America, governmental concern with population trends today focuses chiefly on the issue of rapid population growth. The problem is that "overpopulation," a term so familiar and used so frequently as to suggest that it has a fixed and understood meaning, cannot in fact be defined unambiguously. Which is to say, there is no workable demographic definition of the idea of overpopulation.

Consider some of the possible demographic criteria by which to judge that a society is "overpopulated." Is it that the rate of natural increase—the birthrate minus the death rate—is "unusually" high? If so, the United States in the first decade of its independence was almost certainly overpopulated: between 1790 and 1800 its rate of natural increase was 3 percent per year—a rate significantly higher than that ascribed to Bangladesh today, and roughly half again as high as the rates currently estimated for Haiti or India. What about birthrate itself? Again: the U.S. birthrate in the 1790s was about 55 per thousand—a rate higher than any of the 127 national birthrate "estimates" the World Bank gives in its *World Development Report 1993*, and at least 25 points higher than the latest World Bank estimates for India, Indonesia, or the Philippines. Perhaps, then, overpopulation should be judged by a country's population density, i.e., its ratio of people to land area. In that case, taking United Nations' figures for 1991, France would have been more overpopulated than the Indonesian archipelago, Japan would have been far more overpopulated than India, and Singapore (where government policy is now striving to *raise* the birthrate) would have been vastly more overpopulated than Bangladesh. But by far the most overpopulated state on earth would have been the Kingdom of Monaco! On the other hand, if the criterion were what is called the "dependence ratio"—the proportion of children under fifteen and adults over sixty-five in relation to the population of "working age" (conventionally designated as fifteen to sixty-five)—then, according to UN figures, as of 1960 Ireland and Nepal were approximately equally overpopulated, in 1980 Israel was more overpopulated than Sri Lanka, and the least overpopulated societies in the world as of 1990 were Singapore and Hong Kong! If emigration were to be taken as the measure of overpopulation, then Mozambique, Angola, and the other "front-line" states adjacent to the Republic of South Africa would be overpopulated, while South Africa, which is said to employ more than one million migrants from neighboring nations, would presumably be underpopulated. By the same token, the former East Germany, whose loss of citizens to West Germany proceeded with alacrity until the construction of the Berlin Wall, would have been an overpopulated country, its government's constant complaints about labor shortages notwithstanding. Finally, if overpopulation is indicated by unemployment (not strictly speaking a demographic measure, but one that is sometimes used as such), it would seem that the United States experienced serious overpopulation during the Depression (when fertility fell below replacement levels), and was least overpopulated in the mid-1960s (the years directly following the postwar baby boom).

"Overpopulation" does indeed point to a problem, but it is a problem mislabelled and misidentified. In a more careful discussion, the phenomena most frequently cited as proof of overpopulation would be deemed characteristics of *poverty*. Inadequate incomes, poor health, malnutrition, overcrowding, unemployment—it is images such as these that are conjured up by the notion of "overpopulation," but they are unambiguously images of poverty and material deprivation.

Poverty and material deprivation, in all their various manifestations, cause great suffering, and in some cases government can do much to alleviate them—and even more, to provide an atmosphere conducive to broad social and material advance. But to mistake the great range of social and economic problems experienced by human populations for problems driven or created by demographic forces is a profound error. Rapid population growth is a pervasive fact of life in less-developed countries today—a form of social change so typical, and at the same time so profound, that it may spuriously be associated with almost any other social phenomenon of the present generation. Many of the problems typically ascribed to "population pressures," however, turn out on closer examination to be caused by factors quite independent of demographic trends. And in the case of other such problems, the impact of demographic change is, at best,

secondary. Attempting to redress such problems all too often simply compounds the difficulties of certain groups, and even of entire populations, in their efforts to maintain or improve their standards of living in the face of a hostile political or economic environment.

IV

Yet, as noted, activist population programs have been embraced by governments presiding over something like four-fifths of the people of the Third World. Western governments and Western-funded multilateral organizations are currently spending over $1 billion a year on population programs in Third World countries. In some of these countries, such as Bangladesh, the budget for family planning by the 1980s was larger than the budget for all other health-related services combined. Thus it seems appropriate to ask, what do family planning programs, and national population policies, actually do? What is their demographic impact, and how do they affect living standards and future development prospects?

Voluntary family planning programs typically subsidize, advertize, or otherwise promote the use of modern contraceptive technologies by sexually active couples (usually but not always partners in marriage). Modern contraceptives are not necessarily more effective than traditional means of birth control; on grounds of effectiveness alone, nothing can improve upon total abstinence or infanticide. Modern contraception is, however, a much more pleasant alternative, and, used properly, can be more effective than the traditional methods of birth control (such as coitus interruptus, the rhythm method, or the local contraceptive potion). A cheap and readily available supply of simple modern contraceptives can allow parents who wish to make use of them to improve their own level of comfort, and may also (by facilitating the spacing of births) improve family health chances—even if their adoption has no ultimate effect on the size of the family. Such services would be seen as raising living standards today (albeit in ways whose benefits are not easily computed), and might even improve prospects for material progress by augmenting society's stock of "human capital."

Government-sponsored voluntary family planning programs could under these circumstances best be justified as a public health service—one of the many activities a government may promote to reduce mortality, augment human capital, and improve the well-being of individuals and families. Unfortunately, many contemporary advocates of family planning programs for the Third World—be they decision-makers in local capitals or enthusiasts from Western countries—have been looking for much more than this. Typically, they see voluntary family planning as a technique for accelerating enforced reductions in fertility for societies where family size is large.

Their hopes are misplaced. As long as family planning is voluntary, it will remain a tool with which parents can attain the family size, or spacing, they desire. No research has so far suggested that the advent of modern contraceptives *intrinsically* alters parents' view of children, or ideals about the family. For this reason, similar patterns of contraceptive use may be associated with very different levels of parental fertility.

By World Bank estimates, 56 percent of the married women of reproductive age in Japan in 1989 used modern methods of contraception (pill, IUD, diaphragm, sterilization, etc.). Japan's total fertility rate for 1991 is put at 1.5 births per woman. In Turkey, where the rate of use is put at 63 percent, the total fertility rate is said to be 3.4 births per woman—over twice the level in Japan. That gap speaks not to the ineffectiveness of Turkish contraceptives, but to the decisive importance of the attitudes and intentions of the people who use them.

New inexpensive contraceptive technologies will, in many places, result in a decline in "unwanted" fertility by making birth control less prohibitively difficult. But it is unclear how large such a decline would be, and there is no reason to expect that it must always be substantial. The impact of reducing unwanted pregnancies, moreover, would not be as great on population increase as on fertility, since the mortality rate for "unwanted" births would be higher than average. And unless the very availability of modern contraceptives by itself stimulates a revolution in attitudes toward family size—as over a quarter of a century of family planning efforts have failed to do in Nepal, and three decades of programs have not done in rural Pakistan—the demographic impact of family planning would be a discrete and self-extinguishing adjustment, as the previously "unmet demand" of motivated users is progressively satisfied.

In many parts of the globe, an effective family planning program might actually *increase* the birthrate and the rate of population growth. In much of sub-Saharan Africa, for example, there is little demonstrated interest in modern contraception, but considerable concern about *infertility*. In those societies, the fate of a barren woman is unenviable. Helping parents attain their desired numbers of children might in such circumstances result in heightened fertility. The example of postwar Kenya, where the total fertility rate apparently rose from about six to nearly eight during a generation of substantial improvements in health, and despite nearly twenty years of family planning efforts, should make it clear that increasing parents' freedom to choose will serve the purposes of *parents*, whether or not these are in accordance with the preference or ideology of the government and its advisers.

The underlying thrust of most family planning efforts in less-developed countries over the past

generation has been unmistakably anti-natalist. The anti-natalist sentiment behind support for family planning initiatives is explicitly expressed by the principal international institutions funding these initiatives, including the World Bank and the U.S. Agency for International Development. This sentiment has affected not only the allocation of public funds, but also the evaluations of performance.

In a number of less-developed countries, the commitment of public funds to family planning efforts is striking. In 1980, the World Bank estimates, government expenditure per current contraceptive user was $68 in Ghana and $69 in Nepal. These figures compare with World Bank numbers suggesting that the total governmental expenditure on *all* health programs worked out to be about $20 per family in Ghana, and $8 in Nepal, in the same year. In such societies, where general levels of mortality are high and health problems are pressing, it would appear that family planning programs are not subject to the same strict criteria in competing for scarce funds that other health programs must meet. The exemption of family planning from the ordinary constraints of budgetary finance may be due to belief that family planning provides additional "services"—such as lowering the birthrate.

The unscientific faith that proponents of family planning have placed in the ability of their programs to "work" is suggested by the lack of careful investigation into the actual effects of family planning projects in trial areas. Although billions of dollars are being expended annually on family planning services in less-developed countries, and such programs have been promoted by various governments at the national level for four decades, there are only a few studies that have attempted to measure the demographic and health impact of family planning against a "control group"—a similar area which lacks the service. This lacuna is all the more striking in that "control studies" are standard practice in the health sciences.

Some proponents of family planning programs have argued that there is an enormous "unmet need" (as distinct from "unmet demand") for family planning services in less-developed countries. By their estimates, meeting this need would require substantially greater funding for these services in the less-developed countries than they currently receive. The advocates may be right, but no thanks to the strength of their analysis. Their method of computing "unmet need" is, typically, to measure by sample questionnaire the fraction of married women in various societies who say they are not using modern means of contraception and also say that they want no more children, or that they wish to delay the birth of their next child. It is by no means clear that this method measures either the unmet demand for modern contraceptives, or the fraction of the female population exposed to unwanted pregnancy. Women not using modern contraceptives may be practicing traditional (albeit less pleasant or less effective) means of birth control.

Western fertility questionnaires, moreover, have a mixed record in eliciting accurate responses from poor people in less-developed societies. It is sometimes the case that illiterate villagers, whether in deference or out of politeness, attempt to please the interrogator with their answers. At other times questions are pursued in a way that can be of only limited relevance in the society in question. Most fertility questionnaires, for example, are devoted entirely and exclusively to the responses of women, even in areas where the tradition of male dominance invests much of the power of decision with husbands, or even fathers-in-law. Still other parts of such questionnaires may probe into areas of interest and salience to the interviewer but be of limited intuitive meaning to the respondent. In the World Fertility Survey, for example, over a third of the fecund women who indicated that they wanted no more children also said that they would like to have a larger number than they presently had. Given such problems, the results produced by fixed-form, rapidly conducted questionnaires are notoriously unstable. A major survey in Indonesia, to cite another example, found that fewer than half the women interviewed gave the same figure for "ideal family size" when they were re-questioned four months later.

In places like Taiwan, Korea, and Hong Kong, family planning programs have been widely credited with bringing birthrates down. But fertility decline was underway in these areas before their family planning programs had been established. In India, by contrast, national fertility declines did not become unmistakable until decades after the adoption of the national planning program—giving the advocates of the program the opportunity to ascribe *all* change in fertility to governmental birth control efforts. In still other countries, like Mexico and Thailand, the establishment of family planning programs coincided with the onset of rapid fertility decline. It is not clear whether the alleged success of these programs was due to government commitment to push for contraception, or from a change in national attitudes toward family size and spacing (which may have prompted the establishment of the programs in the first place).

In any case, in a growing number of countries, the governments do not seem satisfied with the family choices parents have been making. The chosen governmental instruments for altering fertility have ranged from campaigns of information, propaganda, and exhortation, to the exercise of incentives and penalties to promote desired patterns of fertility, to the use of legal sanctions against parenting, to the refinement and application of techniques of force against would-be mothers and fathers. Such inducements may or may not, under the given circumstances, be successful in changing national fertility patterns, or in bringing birth trends more nearly into

consonance with the numerical goals targeted by government planners. But to the extent that they are effective in enforcing involuntary adjustments in the behavior of parents, they may be seen to reduce—not raise—current standards of living, and to compromise, rather than advance, future prospects for development.

V

What, in the final analysis, can be said with confidence about the consequences of demographic change on the prospects for social and economic development in the less-developed regions? Among policy makers, ideology has often been substituted for judgment, and emotion has overpowered caution, in the assessment of changes in population, with all that these changes seem to imply about the fate of national, ethnic, or local populations. It may therefore be appropriate to conclude with a few cautious observations.

First, the obvious: population change is a form of social change. Though the implications of population change are profound—no less so because it involves the generation and termination of human life—it is a form of change that seems slow by comparison with many others. A rate of population increase of 4 percent is considered extremely rapid; a rate of price inflation of 4 percent a year is, in most developing countries today, considered to be fortuitously slow. Moreover, for all the uncertainties of long-term population forecasting, the likely change in size and composition of a national population can be predicted over the course of the coming calendar year with far greater certainty than can changes in the harvest, the gross national product, the unemployment rate, the foreign exchange rate, or the demand for any particular product. Population change, like other forms of social change, emphasizes the ability of individuals, communities, and governments to manage and to cope. For populations that cope poorly with change, any quickening in the pace of change—including the pace of demographic change—is likely to prove difficult and perhaps even costly to society as a whole. Yet coping with change—or as Nobel Laureate in Economics Theodore W. Schultz put it, "dealing with disequilibria"—is in itself an integral part of the process of modern economic development. It is a learning process that generates real economic returns. To the extent that population change may prompt this learning process, it can even contribute to the acceleration of material development in a given society.

Second, insofar as demographic change may assume a variety of manifestations, its form in the modern era has typically been both comparatively benign and relatively advantageous for the purposes of economic growth. Worldwide population growth has been propelled principally by falling death rates, which is to say, by rising expectation of life at birth. Rising life expectancy is itself an indication of improved general levels of health, and is suggestive of other changes in living conditions supportive of general improvements in health. Improvements in health, moreover, may figure importantly in augmenting the human capital upon which the potential productivity of different populations ultimately rests. Augmenting human capital does not assure the acceleration of material advance—that will depend on many other things, including the environment of governmental policies in which human talents are set to work. But improved health, and its handmaidens, may well make it possible for the pace of material advance, under auspicious circumstances, to be quickened.

Third, much of the current discourse on the population "problem" seems implicitly to assume that the elimination of poverty may be served by preventing the birth of poor people. This appears to be a fundamental error—an elementary fallacy of composition. Mass affluence is typically associated with great transformations of society, economy, and individual outlook. The role of the family, the status of women, and the patterns of fertility typically change in the course of this transformation. But the extent to which reductions in fertility themselves *stimulate* improvements in human productivity is far less clear, either for given families or whole societies.

Fourth, while the economic consequences of overall rates of population growth are often ambiguous or obscure, the impact of smaller groups within larger populations on the economic well-being of the whole society, or the impact of differential rates of growth within a national population on prospects for material advance, may be direct and important. The contribution of religious or ethnic minorities to innovation or economic advance, as Lord Peter Bauer of the London School of Economics has emphasized, has often been vastly greater than would be expected by their numbers on society. By the same token, conflict between rival groups within a society may be intensified by differences in their net reproduction rates; such differences may have implications for the tenor of civil life or the composition and character of the national directorate, factors that may play a decisive role in determining the climate for development.

Finally, the likelihood of accruing unambiguously positive benefits from an active population policy devoted to shaping the demographic composition of society seems extremely low. This is not only because it has as yet proved impossible to define consistently the notion of the "optimum" population upon which activist efforts to shape the demographic composition of society seem in theory to rest. In its applications to date, population policy in the less-developed countries has often attempted to alter through demography social problems whose causes can be traced to

ill-advised or injurious governmental policies. It is a peculiar theory of the "second best" that would suggest that the fertility decisions of a nation's parents must be altered because the distorting and inefficient policies promoted by its government are immutable. Yet thinking very similar to this seems to have governed the formulation of some of the population policies put into effect in the years since World War II.

In principle, this problem could easily be corrected. But even if it were, difficulties would remain with the notion of an active "population policy." Interventions in education, health, housing, regional planning, and other areas may have demographic consequences, but they are justified on other grounds. On what grounds would a policy whose primary aim is to induce demographic change be justified? The acceleration of economic growth is one possibility (although, if current patterns of fertility reveal the preferences of households within the society about current and deferred consumption, it is not immediately apparent why such preferences should be ignored or overridden).

Consider what an active policy to shape population in the service of accelerated economic growth would require. One possible justification would be "market failure": the possibility that, through distortions and externalities in the price structure of the economy, parents are encouraged to rear the "wrong" number of children. There are good reasons for overcoming market failures—entirely apart from whatever effect such reforms may have on childbearing. Attacking distortions and externalities directly, furthermore, would seem preferable to compounding these distortions through "compensating" economic penalties or rewards for additional births. And it would be necessary to ask, in a systematic fashion, whether there would be any reason to assume that in the absence of distortions and market imperfections, parents would not be able to "price" the birth of their child correctly.

To make the economic case for an active population policy, population planners would ultimately need to center their arguments on estimates of the economic value of human life. They would have to show, in effect, what would be the "present value" of a child born today, and also to show how that present value would be changed by altering the size of the baby's cohort of peers, or the cohorts following. If attempted seriously, this would prove to be an extraordinarily difficult task. Assessing the present value of any given, innate, physical investment over the course of its projected "life" is at best a tentative and highly uncertain undertaking. Albert Hirschmann, the eminent economist at the Institute of Advanced Studies, has noted that many of the factors that affect the actual productivity of an investment project once it is in operation are not foreseen in even the most detailed exercises in planning. If estimating the present value of innate objects is difficult, how much more uncertain it must be to ascribe such a value to an entity imbued with life!

Long-term economic forecasts are notoriously inaccurate. Japan, Taiwan, and Korea are among the nations that defied all expectations of informed foreign observers in the postwar period; by the same token, Burma and Ghana, two of the countries most frequently cited as likely economic successes after independence, did an equally creditable job of disappointing the experts. It is hard to imagine how a population planner would have arrived at an accurate assessment of the present value of a birth in Korea in 1955, much less make confident assertions about the ways in which the present value of that birth would be changed through alterations in the contemporary Korean birthrate. Population planning for "development," it seems, is easiest to envision under the assumptions of total technological stasis, absence of social change, and rigid restriction of social choices and alternatives. Yet such assumptions, in themselves, contradict the method of economic development and defeat its purpose, which is, in essence, the extension of human choice. ☐

The Population Council

Margaret Catley-Carlson
President

U.S. Leadership and New Directions in Population Stabilization

A Perspective From Margaret Catley-Carlson

The Population Council
July 1994

The consequences of rapid population growth can be viewed in light of the carrying capacity of the globe, but also, and more importantly, in relation to human capacities to improve welfare and reduce poverty -- that is, the *caring capacity* of human beings for each other. Rapid population growth raises concerns at three levels of human experience: global resource sufficiency, national and local institutional capacity, and individual and family welfare. The following graphs, charts, and tables outline some of the details of these three concerns, and culminate with suggested U.S. policy. To be effective, policies must comprehend the impact of rapid population growth on global resources, on prospects for governance, and on the realization of national development goals, while concomitantly seeking to improve the welfare of families and individuals alive today.

• *Global resource sufficiency:* The expansion of human numbers is a crucial, but by no means the only, factor contributing to depletion of vital natural resources; excessive and wasteful consumption is an equally important cause of environmental degradation.

• *National and local institutional capacity:* The rapid rise in population can undermine the ability of democratic governments to supply basic services and protections that characterize civil society. Many less developed countries are trapped in a vicious cycle wherein rapid population growth, along with inappropriate government policies, depletes national wealth, lowers social investments, and increases disparities between different segments of society. This, in turn, limits the quality of life for large proportions of the world's population and causes the poverty and inequality to which high fertility is a frequent response.

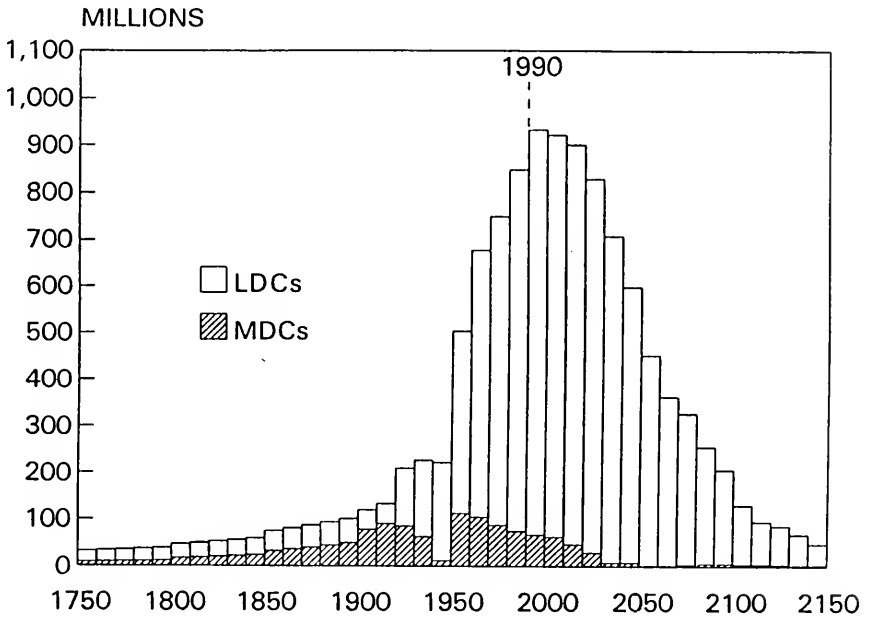
• *Individual and family welfare:* Finally, the inability to plan and space pregnancies and to support effectively the desired number of children is a central reality in too many households. This contributes to inequality among children within families and reduced opportunities for the next generation.

* * * * *

The Population Council seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council analyzes population issues and trends; conducts biomedical research to develop new contraceptives; works with public and private agencies to improve the quality and outreach of family planning and reproductive health services; helps governments to influence demographic behavior; communicates the results of research in the population field to appropriate audiences; and helps build research capacities in developing countries. The Council, a nonprofit, nongovernmental research organization established in 1952, has a multinational Board of Trustees; its New York headquarters supports a global network of regional and country offices.

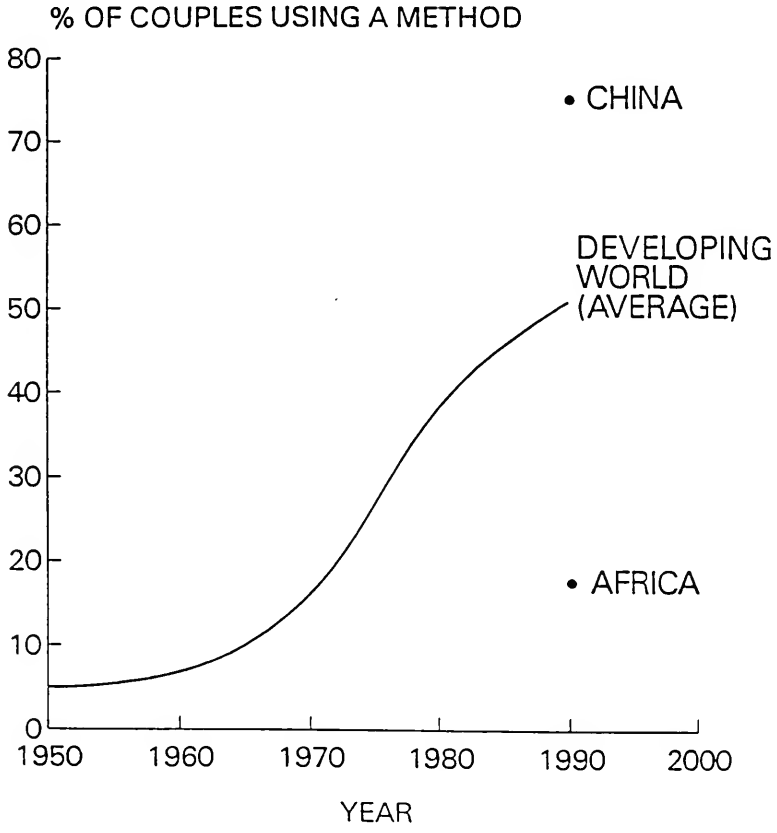
U.S. Leadership and New Directions in Population Stabilization
List of Charts/Tables/Graphs

INCREASE IN POPULATION BY DECADE



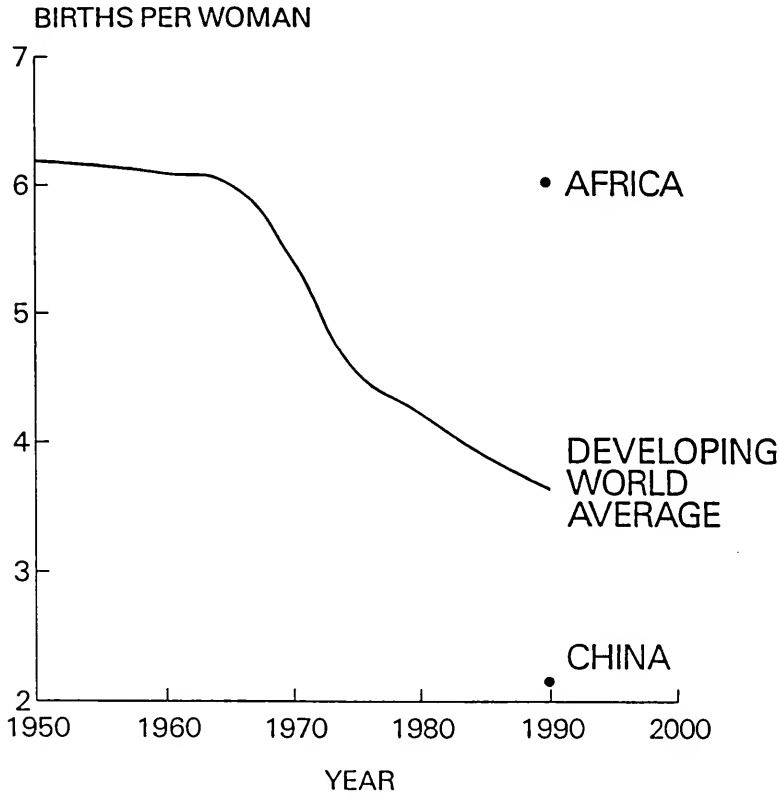
IFPRI2

CONTRACEPTIVE USE TREND DEVELOPING WORLD 1950-1990



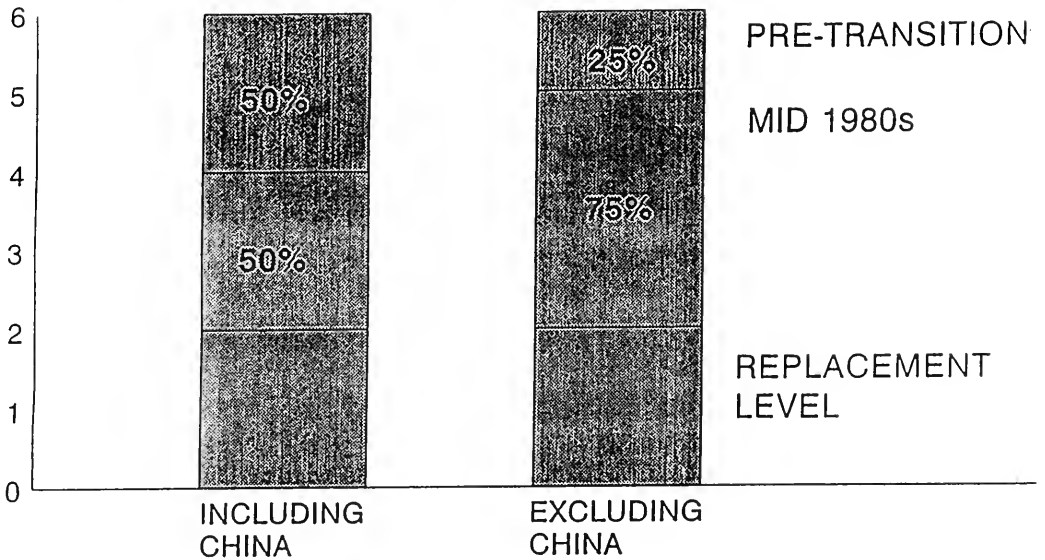
- Over 50% of couples now practice contraception

FERTILITY TREND
DEVELOPING WORLD 1950-1990



- Fertility has declined to just under 4 births per woman

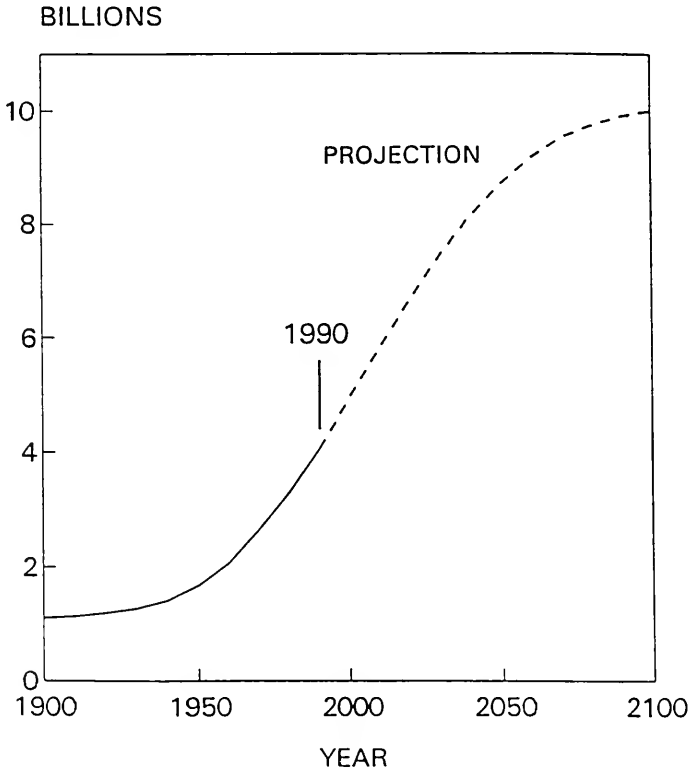
WORK DONE AND AHEAD



These data refer to fertility decline up until the mid 1980s.

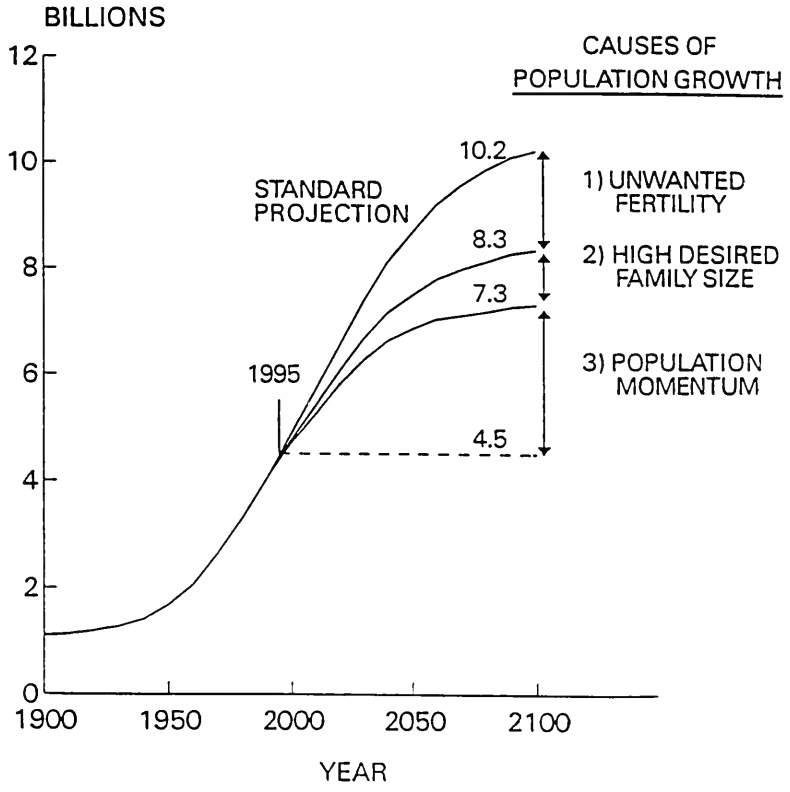
Source: Jain, 1994. Bruce, PRB8

POPULATION SIZE OF THE DEVELOPING WORLD: 1900-2100



- Population size will more than double over the next century to reach 10 billion in 2100

POPULATION SIZE OF DEVELOPING WORLD: ALTERNATIVE PROJECTIONS



CAUSES OF POPULATION GROWTH

1) UNWANTED/UNPLANNED FERTILITY AND UNMET NEED FOR CONTRACEPTION AND ABORTION

2) HIGH DESIRED FAMILY SIZE

3) MOMENTUM OF POPULATION GROWTH

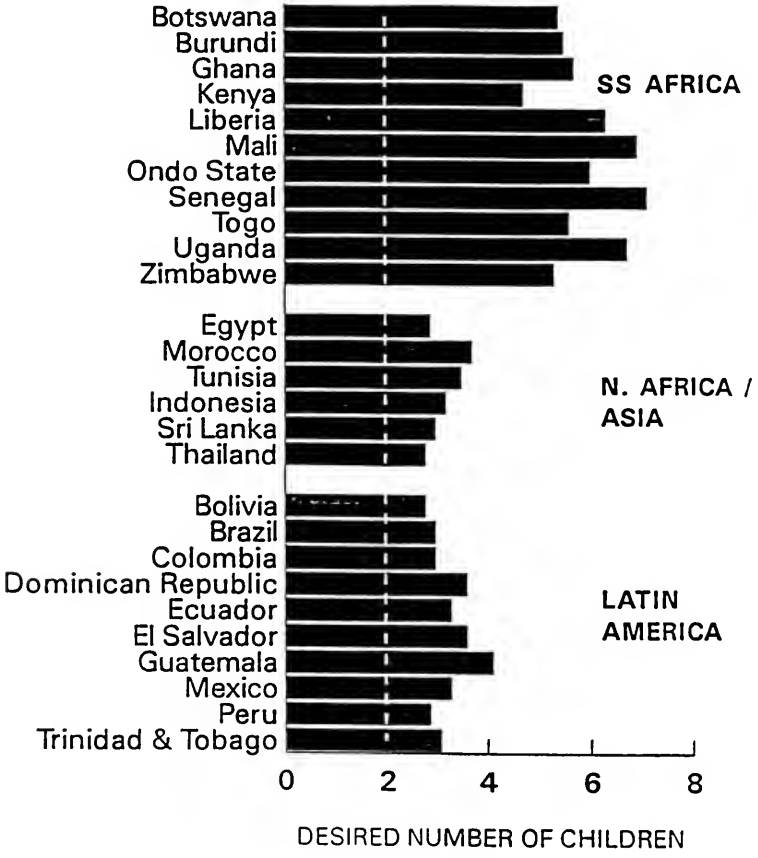
CHALLENGE:

- ELIMINATE UNPLANNED/UNWANTED PREGNANCIES

SOLUTIONS:

- EXPAND COVERAGE AND QUALITY OF SERVICES
- ENCOURAGE COOPERATION BETWEEN PARTNERS
- REACH THE UNMARRIED

WOMEN'S AVERAGE DESIRED FAMILY SIZE



- Desired family size is well in excess of the replacement level of two children

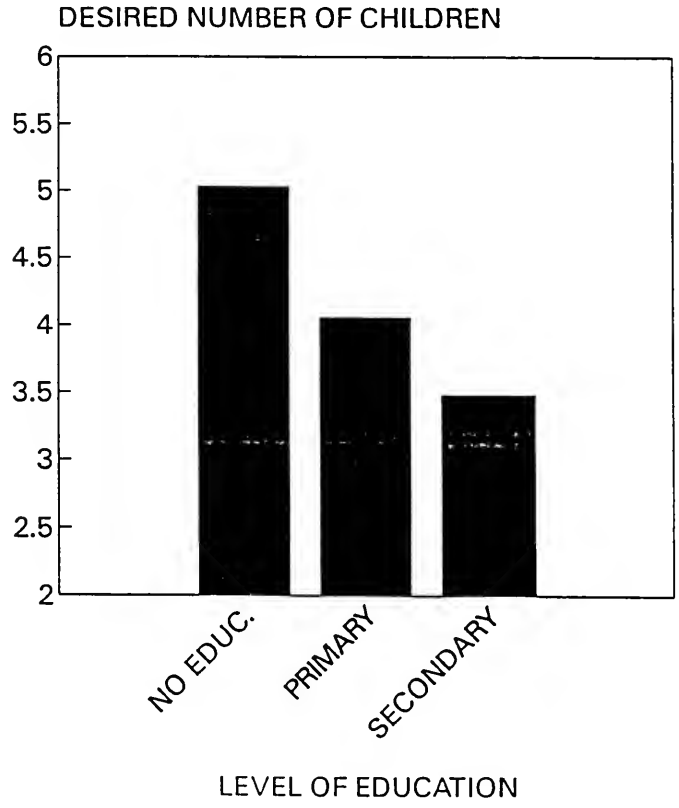
CHALLENGE:

- DECREASE DEMAND FOR CHILDREN - GETTING TO TWO

SOLUTIONS:

- INCREASE GIRLS' SCHOOL ATTAINMENT
- ENHANCE WOMEN'S LIVELIHOODS AND ACCESS TO PRODUCTIVE RESOURCES
- IMPROVE CHILD HEALTH
- STRENGTHEN WOMEN'S RIGHTS IN MARRIAGE
- DEFINE AND SUPPORT MEN'S RESPONSIBILITIES FOR CHILDREN

DESIRED FAMILY SIZE BY LEVEL OF FEMALE EDUCATION



- Increased female education leads to smaller desired families

CHALLENGE:

- DELAY ONSET AND CHANGE THE PACE OF CHILDBEARING

SOLUTIONS:

- INCREASE AGE OF MARRIAGE AND FIRST SEXUAL ACTIVITY

- REVERSE NEGLECT OF YOUNG WOMEN THROUGH SOCIAL, ECONOMIC, REPRODUCTIVE HEALTH AND EDUCATION PROGRAMS

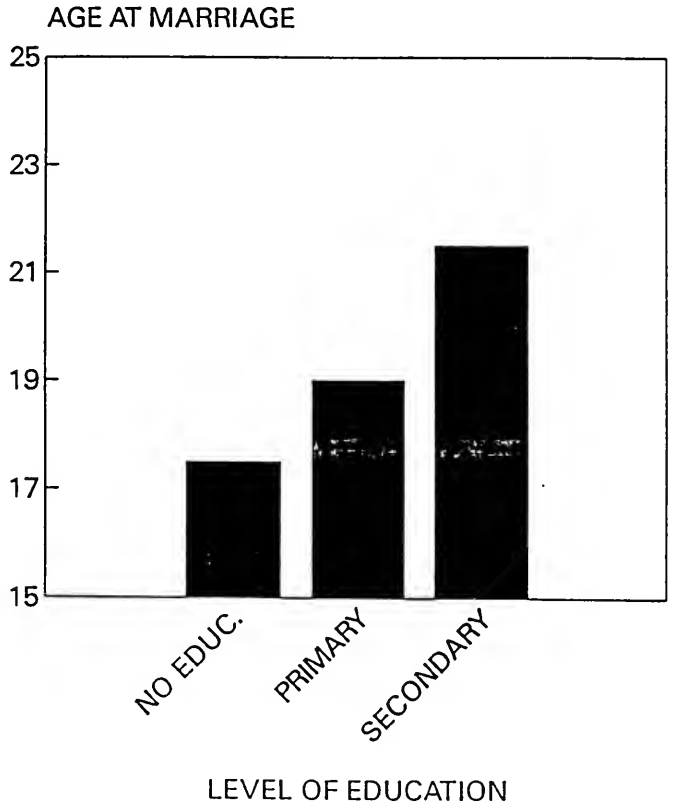
- STRENGTHEN POST-PARTUM PROGRAMS

Take Back Young Lives

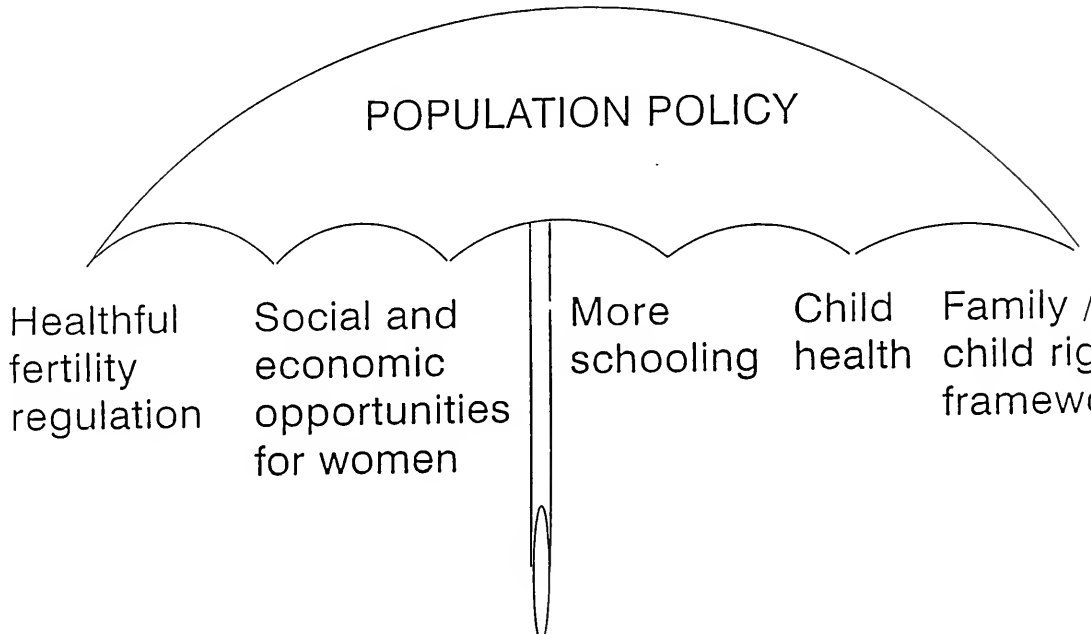
There are 45 million 12-year old girls in the South. What happens to them in the next ten years will determine the quality and dignity of their lives and could reconfigure fertility and ultimately world population patterns.

Bruce, PRB17

MEDIAN AGE AT MARRIAGE BY LEVEL OF FEMALE EDUCATION



- Increased female education raises the age of marriage


POPULATION POLICY
Healthful fertility regulation
Social and economic opportunities for women
More schooling
Child health
Family / child rights framework

Bruce, PRB11

82-386 O - 94 - 4

Key Elements of Broadened Population Policy

- Healthful, high quality fertility regulation < contraception / safe abortion
- Increasing school attendance and completion rates, especially for girls
- Family and environmental health programs that improve child survival, involve men and women in child health efforts
- Out of school training, livelihoods, community participation and opportunities for girls/women
- Family policy which promotes delayed, voluntary marriage, shared responsibility for children between parents

Bruce, PRB10

Evaluation: A Broader Set of Indicators

#1

- Proportion of individuals whose fertility goals are being met in a healthful manner (H.A.R.I.)*
- Child health indicators
- Male/female literacy and school completion rates
- Maternal mortality: overall level and component parts (heightened attention to safe abortion)

*For more information about H.A.R.I., see Jain, Bruce, 1993.

Bruce, PRB12

US POLICY RESPONSE

- IMPROVE SERVICES: Systematic advances in service coverage/quality/scope of care in selected countries over 5 years
- BROADEN POLICY: Demonstrate intersectoral approach to population policy in 2-5 demographically significant countries
- SUPPORT NGOs: Enlarge resources available to and policy influence of NGOs working across sectors with hard to reach social/age groups
- EDUCATE AMERICA: Communicate congruence between American values and interests and socially just population policy in LDCs
- INTERNATIONAL LEADERSHIP: Advocate at least doubling of resources for implementing reproductive health/family planning programs and promote intersectoral population policies

AREAS OF IMPACT

Measures	Eliminate Unwanted Pregnancies	Get to Two	Change Pace of Childbearing
Improve Services	✓		✓
Increase Male Participation in Services	✓		✓
Reach Young People w/Sex Respon. & Equality Msgs.	✓	✓	✓
Ensure Girls' Education	✓	✓	✓
Enhance Women's Livelihoods		✓	✓
Improve Child Health and Survival	✓	✓	✓
Legal Frameworks - Equalize M/F Rights & Respon.	✓	✓	
Raise and Enforce Legal Age of Marriage		✓	✓
Reverse Neglect of Young Women (Ages 14-24)	✓		✓
Reform Postpartum Programs	✓		✓

POPULATION GROWTH AND OUR CARING CAPACITY

THE POPULATION COUNCIL ISSUES PAPERS

This is one of four pamphlets prepared for the 1994 International Conference on Population and Development that highlight areas of special Population Council research and commitment. The others will emphasize the importance of quality services in family planning programs, including reproductive health measures; gender inequality and demographic change; and the need for new contraceptive technology for currently unserved populations. The Council believes that, together, these pamphlets encompass a worthwhile research and action agenda for meaningful progress in the population field in the decades ahead.

The Population Council seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council • analyzes population issues and trends; • conducts biomedical research to develop new contraceptives; • works with public and private agencies to improve the quality and outreach of family planning and reproductive health services; • helps governments to influence demographic behavior; • communicates the results of research in the population field to appropriate audiences; • and helps build research capacities in developing countries. The Council, a nonprofit, nongovernmental research organization established in 1952, has a multinational Board of Trustees; its New York headquarters supports a global network of regional and country offices.

The caring capacity of humans to improve welfare and reduce poverty is as important as concern for the earth's carrying capacity.

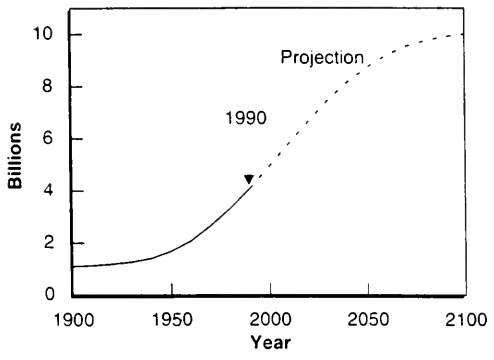
The consequences of rapid population growth can be viewed in light of the carrying capacity of the earth, but also, and more importantly, in relation to human capacities to improve welfare and reduce poverty—that is, the *caring capacity* of human beings for each other.

Rapid population growth raises concerns at three levels of human experience: global resource sufficiency, national and local institutional capacity, and individual and family welfare.

• *Global resource sufficiency:* The expansion of human numbers is a crucial, but by no means the only, factor contributing to depletion of vital natural resources; excessive and wasteful consumption is an equally important cause of environmental degradation.

• *National and local institutional capacity:* The rapid rise in population can undermine the ability of democratic governments to supply basic services and protections that characterize civil society. Many less developed countries are trapped in a vicious cycle wherein rapid population growth, along with inappropriate government policies, depletes national wealth, lowers social investments, and increases disparities between different segments of society. This, in turn, limits the quality of life for large proportions of the world's population and causes the poverty and inequality to which high fertility is a frequent response.

Figure 1 Population of the developing world, 1900–2100



• *Individual and family welfare:* Finally, the inability to plan and space pregnancies and to support effectively the desired number of children is a central reality in too many households. This contributes to inequality among children within families and reduced opportunities for the next generation.

These problems, whether posed at the global, national, or individual level, are serious and need prompt

attention. But solutions should be sought for their ability to improve human lives and diminish environmental stress, not solely in response to demographic imperatives. Reducing the numbers of human beings should not be a goal in itself, but rather a means toward achieving improved human welfare through a more sustainable balance of population and resources, a reduction of disparities in life opportunities, and a realignment of the risks and benefits of reproduction. The fundamental question behind concerns about population growth must be not only "Will there be sufficient resources?," but also "How will they be distributed?"

Family planning programs should not be a government's sole population policy.

If rapid population growth is understood to be of interest because of the ways it diminishes the present and future quality of human life and environmental integrity, then we must seek a broader spectrum of solutions than the international and national communities typically have promoted. Population policies designed to accelerate voluntary fertility decline, though potentially encompassing a range of approaches and instrumentalities, have increasingly been equated in the public mind and in the budgets of policymakers as fertility reduction implemented through family planning programs. This approach is inadequate and, in some cases, counterproductive. Some family planning programs have been misshapen by implicit or explicit demographic imperatives while the vast potential of progressive social, economic, and health measures to affect population growth have been underplayed. The confusion over the mandate of family planning programs and their proper relationship to the achievement of national demographic goals has not only curbed these service programs' effectiveness, it has also detracted creative thought from the synergistic link between population and development policies.

Future progress requires acceptance of two central principles:

• *Governments that adopt demographic goals* as part of their population policy should vest responsibility for achieving them in the full range of social and economic

instrumentalities at their disposal. This can include but should not be limited to family planning and reproductive health services.

• *Family planning and related reproductive health services* should be considered as key social investments and allowed to achieve the aims for which they are appropriately designed: assist individuals in meeting their own reproductive goals in a healthful manner on a strictly voluntary basis. These programs should offer services to all who need and want them, without being burdened by demographic targets.

In most countries, the "population problem" is operationally defined as people's needs for fertility regulation services; the proportion of national budgets assigned to the provision of such services is typically not more than one or two percent. Since high fertility poses substantial risks to national and individual wellbeing, its reduction deserves a more comprehensive and concerted effort. The effort to reduce rapid growth should not depend on family planning programs alone but must include selective and otherwise desirable social and economic investments. These investments, if they are to find political constituents, must be affirming of women, men, and children of this generation, as well as lay the foundation for a better life for the next generation.

Sources of Rapid Population Growth: The Human Dimension

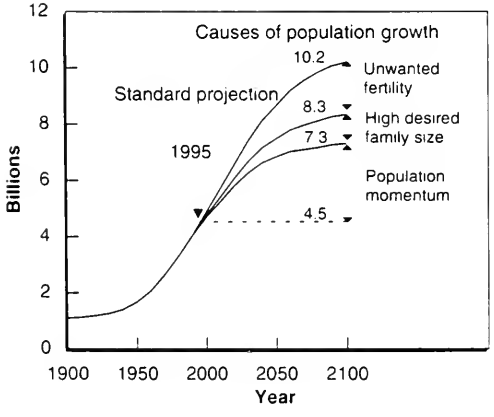
To act effectively to address rapid population growth resulting from high fertility in the developing world, we must go beyond the statistics to understand and empathize with the individual motivations and experiences that underpin it.

Unplanned and unwanted pregnancies

Approximately one in four births in the developing world (excluding China) is unwanted, and a larger proportion is unplanned. In addition, an estimated 25 million abortions are performed each year in less developed countries—many of them under unsafe conditions. Among married women who are not seeking pregnancy, at least 100 million have an unmet need for contraception. If sexually active unmarried women were added, as well as men, these figures would rise considerably. Millions of women in the developing world experience poor reproductive health and limited reproductive choice.

The key causes of this unmet need are: lack of ready access to information or adequate fertility regulation services; reluctance or inability to use contraception, even with knowledge and access to services, because of concerns about potential side effects of contraceptive methods or health issues; and spousal and other familial pressures.

Figure 2 Population of the developing world in 2100: Alternative projections according to causes of growth

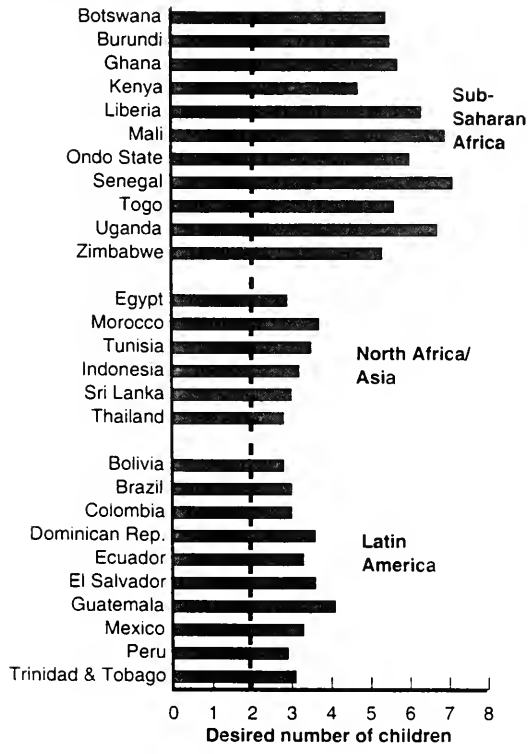


Prevention of unwanted pregnancies would significantly reduce fertility as well as population growth. Even so, two other major causes of continued population growth would also need to be addressed.

Desire for more than two children

Many individuals and couples continue to want and have large families, in part because of fears of infant and child mortality, as well as the need for children to assist them in family enterprises and to support them in old age. In most of the developing world, desired fertility still exceeds two surviving children; in some areas, such as sub-Saharan Africa, desired family size is typically above five children. In many societies, sons are greatly valued over daughters and larger numbers of births are needed to assure the survival of sons where families feel they cannot rely on daughters for their future security. This high demand for children is a fundamental cause of rapid population growth because population stabilization cannot occur until well after fertility has reached the replacement level of just two live births per couple.

Figure 3 Average desired family size in developing countries



Pressures on women to be sexually active and marry early

Young women have little choice as to sexual relations, marriage, and childbearing.

Women in general, and young women in particular, are under pervasive pressures to fulfill societal expectations of appropriate feminine behaviors, especially with respect to their sexuality and fertility. This is a disguised form of coercion, as young women often have little choice about whether or not to have sexual relations, when or whom to marry, and whether to defer childbearing. Short intervals between generations are a result of the pressures on young women to be sexually active and to bear children early as a means of finding social acceptance and long-term (if tenuous) economic security. The early onset of fertility and the close spacing of births present health risks and prematurely intensify pressures on families and governments to provide livelihoods for new generations of children. Delaying the onset of childbearing will slow population growth and can significantly improve the quality of family life, especially for women.

The interrelated phenomena of a young population age structure and short intervals between generations are the key forces behind *population momentum* —the tendency of population size to increase for some time even after a two-child family average is reached. In most of Africa, for example, nearly half of the population is under age 15. Record numbers of young people entering the childbearing years over the next two decades—even if they hold small family ideals—will result in considerable population expansion. While a young age structure is not amenable to modification, the onset and pacing of childbearing (the other key component of population momentum) can be altered through socially desirable measures.

Toward New Country-Level Strategies

It is time to advocate—without ambiguity or timidity—positive social investments that are good in themselves and have a demonstrable fertility-reduction impact.

The reorientation of policies to reduce high fertility and rapid population growth is daunting but easy to defend. It calls for greater investments in children, for taking steps toward the elimination of gender, class, and geographic inequalities in schooling, employment, and access to resources, and for a more just distribution of child support responsibilities between the state and the family, and within families. It is time to advocate—without ambiguity or timidity—positive social investments that are good in themselves and have a demonstrable fertility-reduction impact.

In the decade ahead it should be a goal of every country to define a broad-based population policy emphasizing the contribution that investments in various social and economic sectors can make toward voluntary fertility decline and the improvement of individual health and welfare. These investments include the following:

Expand services that promote reproductive choice and better health

Despite considerable progress over the last several decades, the coverage and quality of family planning services remain less than satisfactory in many countries. In addition, some countries have imposed demographic and provider targets on family planning programs rather than allow them to function as services ready to assist individuals in reaching personal fertility goals healthfully. Governments should offer family planning as strictly voluntary services, systematically expanding access and investment to improve quality through these steps:

Figure 4 Contraceptive use trend: Developing world 1950–1990

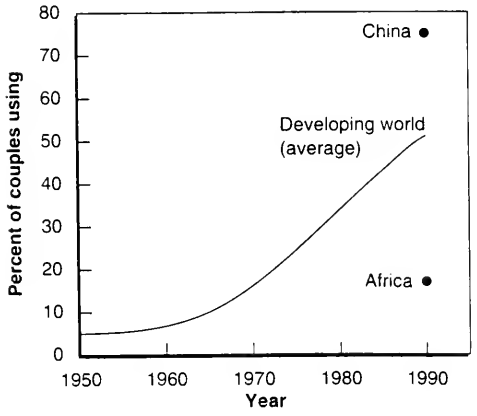
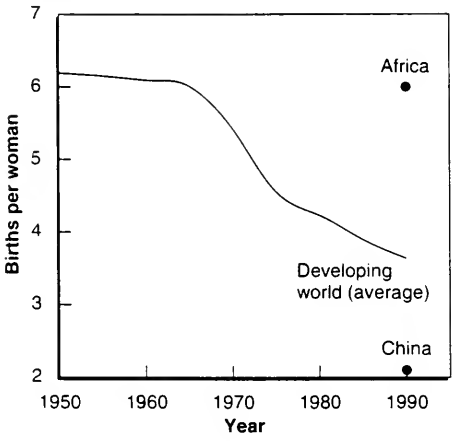


Figure 5 Fertility trend: Developing world 1950–1990



- Extend services to underserved areas and subpopulations.
- Broaden choice of methods available, including safe pregnancy termination.
- Improve information exchanges between client and provider.
- Include men in programs, emphasizing their shared responsibility for protection from unwanted fertility and disease.
- Assure technical competence of providers.
- Promote empathetic client/provider relationships.
- Provide better follow-up and continuity of care.
- Add reproductive health elements to address neglected, vitally related problems, such as diagnosis and treatment of sexually transmitted diseases and treatment following unsafe abortion.

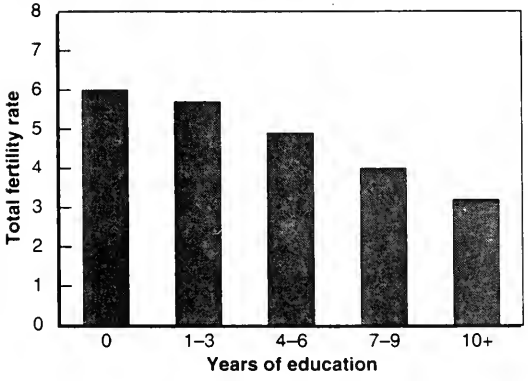
National efforts to improve care must be supported by an international commitment to develop new reproductive health technologies, such as female-controlled contraceptives, agents to protect against reproductive tract infections and HIV, and medical abortifacients.

Public education should be intensified and designed to reach both married and unmarried people with information about their reproductive health, fertility regulation, the diversity of available contraceptive methods, and the need for shared responsibility and communication between sexual partners.

Create favorable conditions for small families

The following social and economic measures have well-recognized and powerful effects on desired family size, ability of individuals to regulate their fertility, and patterns of investment in children:

Figure 6 Average total fertility rate by women's years of education: 30 developing countries



• *Increase education levels, especially among girls:* More schooling is a fundamental investment in the next generation. Education lowers the labor value of children and raises their costs, thus leading to smaller desired families. It also lowers fertility by promoting and facilitating the spread of nontraditional behaviors, roles, and values. Educated mothers have higher expectations for the schooling of their children—particularly girls—and they thereby pass on the advantages of improved education to the next generation.

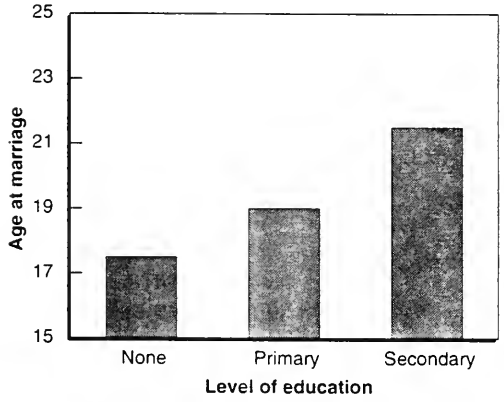
• *Increase child survival:* Provide intensified treatment of childhood diseases, immunization, and appropriate nutrition, and offer households access to clean water and waste disposal. The value of these interventions is well established, as is the fact that no developing country has experienced sustained fertility reduction under conditions of high child mortality.

• *Invest in women:* Provide women with social identities apart from motherhood and with independent access to productive resources. Young women who have increased income are more valued by their families, have more say in the choice of partners, desire fewer children, and are more successful in regulating fertility. Women who control earnings negotiate more effectively with partners in matters of sexuality and fertility, and rely less on their

children for security now and in old age. Women with even primary school education and more certain livelihoods are likely to desire fewer children and invest more effectively in those they do have.

• *Equalize women's and men's rights in marriage and responsibility for children:* Population policies must use all available normative, legal, programmatic, and economic measures to encourage a more equal sharing between men and women of time and economic costs of children. A woman's right to marry when and whom she chooses and bear only the children she wants and can support must be affirmed.

Figure 7 Median age at marriage by women's level of education: 34 developing countries



• *Support the right of children to be wanted, planned, and maintained:* A population policy that promotes investment in children reduces the demand for children to only those who can be adequately cared for by their families.

Reverse the neglect of young women

As societies modernize, the socially desirable intervals between menarche, the initiation of sexual activity, and marriage and the onset of childbearing lengthen, and a period emerges in which young people—young women in particular—are between roles and identities. They are loosening ties to their natal home but are not quite fully integrated into another home or family. Cultural and nonfamilial institutions such as schools and community development programs often are unable to address the needs of these young people. Income-generation and productivity projects typically ignore this age group, focusing on married women from their mid-20s on, many of whom have completed their childbearing. In short,

modernizing societies need to take steps to overcome the neglect of and confusion about the social contribution and rights of adolescent girls.

• *Promote valued roles* for women that are socially acceptable and economically beneficial, apart from sexual attractiveness, marriage, and frequent childbearing.

• *Reorient programs* to enable young women to participate in and benefit from formal and nonformal education, community development programs, and income generation and small-scale credit.

• *Provide information* about reproductive and marital rights, and health and sexuality, and extend access to appropriate services.

• *Create positive perceptions* among young men and women of each other, as well as positive views of marriage and parental responsibility.

Development efforts should be designed to enhance girls' self-esteem and raise their social and livelihood prospects.

Implementation of these supportive measures will enhance the self-esteem of girls, help them to achieve personal goals, and raise their social and livelihood prospects. It will simultaneously postpone the age of marriage and delay the onset of childbearing. Slowing the pace of childbearing in marriage brings important benefits for maternal and child health. Postpartum programs should give special attention to the first birth. For, while social pressures on girls often make it difficult to avoid an early first birth, a rapidly timed second birth need not be inevitable. By emphasizing the health and social needs of the recently delivered mother, by involving the father in support of the mother and as a parent himself, and by stressing the rights of the child to a period of exclusive attention, such programs could lengthen the space between pregnancies, even in societies with a high demand for children.

Figure 8 Social investments to reduce high fertility

Investments	Areas of Impact		
	Eliminate unwanted pregnancies	Encourage smaller families	Change pace of childbearing
Improve and extend services	√		√
Increase male participation in services	√		√
Reach young people with sex responsibility and equality messages	√	√	√
Ensure girls' education	√	√	√
Enhance women's livelihoods		√	√
Improve child health and survival	√	√	√
Legal frameworks—Equalize male/female rights and responsibilities	√	√	
Raise and enforce legal age of marriage		√	√
Reverse neglect of young women (ages 14–24)	√		√
Reorient postpartum programs	√		√

Conclusion

Measures required to reduce population growth are both socially desirable and ethically sound. They should have the support of governments seeking to eliminate discrimination against women and to affirm the rights of children.

By integrating a population perspective across sectors and systematically improving the scope and quality of family planning services and other reproductive health care, policymakers can simultaneously accelerate voluntary fertility decline and foster productivity among the poorest and most vulnerable members of society, enhance parental investments in children, and advance equality for women. In short, one can promote a smaller world by promoting a just world.

Note: The data for the figures were drawn from UN statistics, the Demographic and Health Surveys data files, and the Population Council databank. See also John Bongaarts, "Population Policy Options in the Developing World," *Science*, 11 February 1994, pp. 771–776.

THE PUBLIC HEALTH BASIS FOR THE NEW U.S. POPULATION POLICY

TESTIMONY BEFORE

THE COMMITTEE ON FOREIGN AFFAIRS

HOUSE OF REPRESENTATIVES

U.S. CONGRESS

Tuesday, July 12, 1994

By

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Professor and Dean
Columbia University School of Public Health

Mr. Chairman and members of the Committee on Foreign Affairs, I thank you for the opportunity to be here today for these hearings on a vitally important issue for all of us. I am Allan Rosenfield, Professor of Public Health and of Obstetrics-Gynecology and Dean of the Columbia University School of Public Health. I have been deeply involved internationally in the fields of population, family planning and women's reproductive health for almost 30 years.

Let me take this opportunity to commend the Clinton Administration for the leadership role they have taken in joining with countries throughout the world in preparing for the International Conference on Population and Development (ICPD), to be held in Cairo in September. If I may quote from the recent State Department release on the ICPD, "Grounded in a commitment to health, development and empowerment, the new approach strengthens families and communities, promotes economic and social development and affirms, in the words of the UN charter, 'the dignity and worth of the human person'". At a recent speech at the National Academy of Sciences, President Clinton stated that "the policies we promote must be based on enduring values -- promoting stronger families, having more responsibility from individual citizens, respecting human rights, and deepening the bonds of community." Further he said, "At the top of our agenda will be active support for efforts to invest in the women of the world".

The approach is a positive and highly appropriate one, which joins with most of the rest of the nations of the world in recognizing the importance of population growth, environmental degradation and women's reproductive health and status. Undersecretary Wirth, as the senior Administration official, has represented our nation brilliantly at the series of UN preparatory meetings leading the way to the September population meeting in Cairo in the fall.

As the State Department has written, "preparations for the Cairo conference have been characterized by an extraordinary degree of international agreement". The three preparatory committee meetings have resulted in a document which has been widely praised by delegates from countries throughout the world, both official governmental representatives and private citizen representatives of a large number of non-governmental organizations. Again quoting the State Department summary document, "And it is widely acknowledged that family planning should be provided as part of broader primary and reproductive health initiatives, and that population policy should encompass economic opportunity for women, and elimination of legal and social barriers to gender equality". A major controversy at the third preparatory meeting that received extraordinary press coverage revolved around the concerns of the Vatican about abortion, a topic to which I will return below.

I would like to comment briefly on international population and family planning programs since the late 1960s. What has been accomplished during these years, in an area so filled with sensitive issues and controversy, has been truly remarkable. We have indeed seen an extraordinary reproductive revolution take place in much of Asia and Latin America, with dramatic changes beginning more recently in several countries in sub-Saharan Africa. And USAID, despite some Administration concerns in this area between 1980 and 1992, has played a vitally important role in the changes that have taken place.

I was fortunate enough to see this change firsthand in one country, working in Thailand from 1967 to 1973 and following their population and family planning program ever since. It was an exciting time to be there, assisting the Thai government to establish what has since become one of the world's true family planning success stories. In 1967 the national contraceptive prevalence was estimated to be

approximately 3 percent. None of us working there at that time would have dreamed that today the prevalence would be well over 65 percent, with a broad range of contraceptive methods made widely available on a purely voluntary basis, without coercion, incentives or other potentially coercive interventions.

This morning I would like to focus on the interface between family planning and women's reproductive health, a priority issue in the ICPD draft plan of action. I should state at the outset that I believe that the provision of family planning services helps to improve the health of women and children, helps to improve the status of women, helps women to achieve their stated goal of spacing or limiting the number of children they wish to have and helps to meet individual country demographic goals of a decrease in the rate of population increase. But, despite the fact that over 50 percent of women or their partners in developing countries are currently using effective contraceptive methods, there remain millions of additional women who have stated in a large number of national surveys sponsored over the years by the UNFPA and USAID (the World Fertility Surveys [WFS] and the Demographic and Health Surveys [DHS]) that they do not wish additional children but are not currently using contraception, in most instances because of problems of access. Further, millions of additional women enter the reproductive age group each year. Thus, there is great need for increased funding support for better family planning programs and increased contraceptive supplies to meet these unmet needs.

However, there are other very important components of reproductive health that must be considered in the effort to meet the many needs of women. I would like to focus on five issues: gender, adolescent sexuality and pregnancy, STDs and HIV/AIDS, maternal mortality and abortion. I will not discuss in this paper the issue of breastfeeding, except to say that it has great importance both as an effective method of contraception, particularly in the first months postpartum, and as the best source of nutrition and passive antibody protection for the newborn infant.

Gender

Gender issues are coming increasingly to the forefront when one discusses women's reproductive health. These are issues that are of importance in all societies, but the inequities in some societies are extreme. Girl children often suffer much discrimination and women, who perform a high percentage of the work in many societies, own little and earn little. There are many women who have great difficulty in making important decisions about their lives without their husband's permission. Some family planning programs assist women in making a confidential decision about contraception, in effect allowing them to use methods without the husband's permission or knowledge, a big step for women in some countries.

But many fear harassment and even violence as a result of such decisions. It is imperative that gender be taken into consideration as expanded reproductive health programs are designed. And this applies particularly to the sensitive topic of family planning programming. We must better understand the lives of women in different cultures and settings if we are to be able to most effectively serve their needs. The status of women is receiving much attention recently and will be a major topic of the 1995 UN Conference on Women. Clearly, high on the list will be the enhancement of women's status relative to the status of men and to the way men and women interact. In developing broader reproductive health programs, attention needs to be given to an understanding in each cultural setting.

Adolescent Sexual Activity and Pregnancy

Until recently, little attention has been given internationally to the problem of adolescent sexuality and pregnancy, despite a strong and urgent need. Concerns on the part of the previous two Administrations on this issue put a chill on USAID programming in the area of adolescent sexuality and pregnancy. While there were insufficient data until recently, those involved in family planning and reproductive health programs have understood that unwed and unplanned teen pregnancy was a major problem in most developing countries, particularly in urban areas.

Thanks, in part, to recent analyses of DHS studies in Latin America, the Caribbean and sub-Saharan Africa, we now have a great deal of information about adolescent sexual activity and pregnancy. In Latin America, the DHS data suggests relatively high rates of teen pregnancy and births, with almost certainly large numbers of illegal abortion attempts.

The data from Latin America suggests that approximately half of all adolescents are likely to have a birth at some time between the ages of 15 and 19 (with many having the first birth before the age of 15). Increasing numbers of unmarried teens are sexually active and, depending on the country, between 22 and 63 percent of first births to married young women were conceived premaritally. In sub-Saharan Africa, between 20 and 50 percent (depending on the country) of adolescent women have a child, with anywhere from 20 to 50 percent of these women becoming pregnant outside of marriage. And, as in Latin America (and the U.S., for that matter), significant numbers of young women, particularly those who are poor living in urban areas, are sexually active at increasingly younger ages, with resultant exposure to pregnancy, STDs and HIV/AIDS.

There are serious adverse health and social consequences of teen pregnancy, but time does not allow further discussion of these effects here. But I will only stress that much time has been lost on this issue because of the controversies that this topic always engenders. I believe that the time has come for a concerted programming effort focused on teen pregnancy. Particular attention must be given to sexuality and family planning education in the home, in the schools and through various public media channels and to the effective delivery of contraceptive services to those who are indeed already sexually active.

As in the U.S., creative, culturally responsive adolescent-specific clinic-based programs have been developed in a few settings in Asia and Latin America such as CORA in Mexico City and the Population and Development Association in Bangkok. Much more is needed in countries throughout the developing world and it should be U.S. policy to encourage giving priority to programs aimed at decreasing teen pregnancies. While abstinence is clearly desirable, it is also important that personnel in existing programs be trained to be responsive to the needs of sexually active adolescents so that services can be delivered in a variety of settings.

Such efforts will need to be particularly sensitive to the cultural barriers that exist in this area. Throughout the developing world, early marriage and early childbearing is still common in more traditional, predominantly rural communities. As efforts to improve the status of women continue to be stressed, early marriage and childbearing is one of the targets for change. In poor urban settings, more and more sexual activity and pregnancy occurs outside of formal unions. Efforts are needed to discourage marriage of very young teens in rural societies, while also facing realistically the issue among young unmarried teens wherever they live.

STDs and HIV/AIDS

Recently researchers have identified the seriousness of common sexually transmitted diseases (STDs, often now referred to as reproductive tract infections or RTIs) among underserved populations. I include in this such diseases as gonorrhea, syphilis, chlamydia, herpes, as well as trichomonas and monilia. And, of course, we must add to this litany the tragedy of the HIV/AIDS epidemic, which in most of the developing world afflicts men and women equally. At a minimum, all population/family planning programming must include strong messages about the prevention of STDs and HIV/AIDS.

The tragic AIDS epidemic has reinforced the importance of linking preventive messages and there should, at this point in time, be general agreement about such linkages. Put simply, family planning programs must give attention to STD/HIV/AIDS prevention and STD/HIV programs must similarly give attention to family planning. This should be an important focus of USAID-supported programs and is one of the areas of concerns discussed in the ICPD draft plan of action. A major question, however, relates to the limited funding available and the need to fund the costs of STD/HIV testing, counselling and treatment. In principle, all three components should be available, but in practice the costs are great. This is a very difficult problem given the estimates of the costs necessary to bring contraceptive services to the millions of women currently not using contraception despite not wanting more children than they have or wishing to space pregnancy. And the problem exacerbates as the large and increasing numbers of preteens enter the reproductive age group each year. This is an extremely difficult dilemma, but at least one can agree as to the importance of joint preventive programming in these three areas.

Maternal Mortality

One of the areas of incomprehensible neglect within health programming in the twentieth century has been the tragedy of maternal mortality in developing countries. While maternal mortality ratios (number of maternal deaths per 100,000 livebirths) fell dramatically in developed countries since the turn of the century, there has been little, if any, change in most developing countries. Ratios today in the poorer countries remain unacceptably high and it is estimated by the World Health Organization (WHO) that 500,000 or more women die each year of pregnancy-related causes, the vast majority preventable with existing technologies.

The major causes of mortality, in no particular order, are obstructed labor leading to rupture of the uterus, postpartum hemorrhage, toxemia of pregnancy leading to convulsions, postpartum infection and complications of unsafe abortion (a topic to which I will return in a moment).

It is an extraordinary that physicians, including obstetrician-gynecologists and public health professionals, public policy makers and the public more generally have, in effect, ignored the tragedy of large numbers of women dying from pregnancy-related causes until very recently. The AIDS epidemic has appropriately received tremendous media attention and the allocation of very large (albeit still inadequate) sums of money, while the safe motherhood initiative receives almost no international media attention and grossly inadequate funding support. And yet more women die each year of complications of pregnancy than the annual death toll from AIDS, at least at the present time.

Given this tragedy, what should be U.S. policy in this area? At the outset, the single most effective intervention, at least in the short run, is making family planning services as widely available and accessible as possible. There are clear data linking maternal age (less than 17 and over 35) and parity

(more than 4 or 5 children) to complications of pregnancy and pregnancy-related deaths.

Village-based programming, through such efforts as community-based and social marketing programs, together with the needed increased funding levels mentioned earlier, can help to bring family planning services to all those women who state that they do not wish more children than they currently have. Estimates have been made that this step alone might decrease maternal mortality ratios be as much as 50 percent. Certainly those who demonstrate their desperation not to be pregnant by undergoing unsafe abortion attempts will benefit by access to contraceptive services.

Beyond family planning programs, what is needed to reduce maternal mortality is the effective linkage of prenatal care with first referral centers that can provide emergency obstetrical care, namely the wherewithal to carry out a cesarean section, to transfuse, to provide intravenous antibiotics and to complete an incomplete abortion. First referral centers need not be tertiary medical centers, but rather small rural hospitals that are properly equipped with trained personnel to meet the need for emergency obstetrical care.

Within the limits of existing external and national funding resources, it is appropriate, at a minimum, to begin the upgrading of those facilities and personnel providing surgical contraceptive services, particularly sterilization procedures. Personnel trained to carry out a sterilization procedure (either by laparoscopy or mini-lap) can also be trained to provide emergency obstetrical services.

And it is not necessary to restrict such activities only to physicians. There are experiences in Zaire and elsewhere in which nurses and/or midwives have been trained to carry out surgical procedures safely. Although most medical societies oppose such activities by personnel other than physicians, the fact is that, with proper training and supervision, such personnel can be most effective.

In an effort to make a meaningful impact on this tragic problem, however, a truly effective collaboration between USAID, WHO, UNFPA, UNICEF and the World Bank could lead to programming that would finally give meaning to the seven year old safe motherhood initiative.

Abortion

I have left to the end the single most controversial issue in society today, namely the rights of a woman to terminate a pregnancy versus the rights of the fetus. No issue generates more heat than this and none is less likely to be resolved in the foreseeable future. For those who believe that life begins at the time of fertilization or implantation, there is no middle ground; abortion for them equates with murder of the unborn child. Similarly for those who believe in the woman's absolute right to control her own body there also is no middle ground or compromise.

However, whatever the legal status, women in all societies undergo unsafe abortion attempts, with very high abortion-related mortality. W.H.O. estimates that as many as 20-25 percent of maternal deaths each year, or 100,000 or more pregnancy-related deaths annually, are due to abortion complications. This, despite the fact that induced abortion, when performed by trained, skilled practitioners in hygienic settings, as in the U.S. since the early 1970s, is among the safest of surgical procedures. In much of the developing world, however, where abortion is illegal, many women in desperation turn to untrained illegal providers who work in unsanitary conditions, carrying out a variety of unsafe procedures. In some cultures, women may attempt to self-abort, using various unsafe approaches.

In addition to deaths, unsafe abortion is also responsible for the long-term injury of hundreds of thousands of more women. Moreover, the economic burden on health systems due to the treatment of abortion-related complications is severe; in many urban hospitals, abortion complications account for a sizeable percentage of the emergency admissions to the gynecological service. A recent Alan Guttmacher Institute publication presented data on abortion in Latin America, where illegal abortion is estimated to be the number one cause of maternal mortality and of emergency hospital admissions. The tragedy is exacerbated by the fact that such mortality and morbidity - and the associated costs to health systems - is largely preventable.

In a speech to the second preparatory meeting for the Cairo conference, Tim Wirth stated that "the abortion issue should be addressed directly with tolerance and compassion rather than officially ignored while women, especially poor women, and their families suffer...Our position is to support reproductive choice, including access to safe abortion." President Clinton recently said that "abortion should be safe, legal and rare" The ICDP draft plan of action does not promote abortion, but only recognizes the issue of unsafe abortion as a significant public health problem. While national laws vary greatly in regards to abortion, over 170 of the 190 countries participating in the ICDP permit abortion under some circumstances.

The draft ICPD plan of action places an emphasis on improved reproductive health and choice for women. Within this context, I urge that the provision of contraceptive counseling and services in the post-abortion period be considered a high priority within this framework. However, more should be done to meet the tragic consequences of unsafe abortion. International donors, including USAID, and national governments could have an immediate positive impact on women's health by supporting programs for the emergency management of the complications of a botched abortion. For the U.S., concerns about the type of abortion-related activities in which it can engage, given the Helms amendment, have limited programming in this area. To date, USAID has not funded any programs or projects which provide services to treat incomplete abortions, and indeed USAID has recently clarified that the Helms Amendment would not prohibit the provision of services to save the life of a woman suffering the complications of a poorly performed, unsafe abortion procedure. There is concern on the part of some, that the equipment to treat abortion complications should not be distributed because the same equipment can be used to carry out an abortion. However, to not supply equipment to save lives for this reason is immoral and essentially, medical malpractice. This equipment is needed and should be made available and accessible as soon as possible. The progress made already in population and family planning programs are much diminished if hundreds of thousands more women continue to die or be permanently disabled as the result of desperate attempts to terminate unwanted pregnancies. While the ICPD plan does not take a stand on making abortion services legal, it should support, at least, language to assure all women access to emergency services for the complications of pregnancy and of a botched abortion.

Conclusion

This is an exciting time for those concerned about issues of family planning, women's reproductive health, women's overall status, population growth and environmental degradation. The ICPD presents an opportunity to expand, in truly effective ways programs which focus on these areas. As stated earlier, it is remarkable how much has been accomplished in the field of family planning by many developing country governments, with assistance from USAID and other agencies, both foreign and domestic, during the past two decades despite the many obstacle that were placed in their way.

Much less was done in the area of women's reproductive health during this period of time and it is imperative that we move forward in this area, as suggested in the ICPD draft plan of action. There is much interest in the development of comprehensive programs and the challenge is to set priorities within existing funding limitations in order to have the greatest public health impact.

First, there is an ever increasing demand to meet the unmet need for family planning services. The projected costs for this initiative alone are extraordinarily high. At the same time, family planning programs can and should mount effective preventive education programs aimed at deceasing the spread of STDs and HIV/AIDS. Where possible, in terms of budget, programs also need to encourage the testing, counselling and treatment needed for these conditions.

Teen pregnancy has been essentially ignored in the past and this should change. As in the U.S., this is an urgent problem throughout the world, needing much more concerted efforts than have taken place to date in most developing countries.

The time has come to make major efforts to reduce the numbers of women tragically dying unnecessarily from pregnancy-related complications. Widespread availability of contraceptive services will help significantly. In addition, governments, with donor agency assistance, should make certain that all women have access to emergency obstetrical services.

Finally, and clearly the most controversial, the U.S. should take a lead in helping to decrease the unnecessary mortality secondary to a botched abortion. Early treatment of incomplete abortions would be a dramatic step forward and such programming is possible within existing budgetary constraints.

I have tried to summarize some of the issues I believe are being discussed as we near the time of the ICPD meeting in Cairo. This is, indeed, an exciting opportunity, one which I hope all of us will grasp effectively.

Thank you.

Testimony by
Dr. Samuel Preston
Professor of Demography at the University of Pennsylvania

According to United States figures, there are 5.6 billion people alive in the world today. This compares to a figure of 2.5 billion in 1950, when the era of rapid population growth began. As Barber noted, some 90 million people are being added to the population each year, approximately a billion per decade. About 95% of the increase is occurring in Africa, Asia, and Latin America. The growth rate is fastest in Africa, the world's poorest region.

The reason why population growth has been so rapid over this period is not mysterious. Death rates have fallen much faster than birth rates in most developing countries. Women are not having more babies than in the past, quite the contrary. The average number of children born to a woman who survives to age 50 in the world today is 3.3, compared to a value of 5.0 in 1950. But while fertility rates were falling, death rates were falling even faster in many places. Life expectancy at birth has increased from 46 years in 1950 to 65 years today for the world as a whole.

This is unquestionably one of mankind's greatest achievements. But it has initiated a period of rapid population growth that has raised questions about whether this and other achievements can be sustained into the 21st century. I believe that they can be, but that prospects for doing so would be significantly enhanced through wise population policies.

The "population problem," as it's sometimes called, is really two fairly distinct problems that are often confused. The first, and in my view most important, is really a family-level problem of balancing resources against numbers across generations. The ability of a couple to achieve its family size goals is an important part of the family's well-being, especially in light of the costs of raising a child and the demands placed on a woman's health by pregnancy and childbirth. The burden of having more children than desired also falls on other children in the family. Many studies have shown, for example, that having more children in a family means, on average, less schooling for each child.

The second population problem is usually referred to as externalities or spillover effects. Even if one family's fertility is optimal for its own circumstances, it may not be optimal for society at large. The social costs can be felt in several areas. When land and other natural resources are held in common, population growth can lead to increased exploitation and degradation of these resources. Deforestation in the Amazon is a good example of this process, since most of the destruction is being done by squatters without any title to the property they

are clearing. Public subsidies for schooling is another area where these spillovers occur. Of course, the child whose educator is subsidized eventually becomes an adult whose taxes subsidize the educator of other children.

There has been only one serious attempt to estimate the size of these externalities in developing countries. Ronald Lee, an economist at Berkeley, has shown that they tend to be quite small; for example, preventing a birth in Bangladesh would be worth $22 to society at large over the course of the child's lifetime. This is a trivial amount compared to the costs of the child to the parents themselves. I think that this point deserves emphasis; the principal beneficiaries of programs that enable families to achieve their targeted number of children are the families themselves. The reason why this is important is that the externalities argument can be and has been used in support of programs that interfere with a couples' reproductive options, as in China. It's very easy in this field to slip into a loose rhetoric that implies that it's the government that's having babies and bearing the costs of child-raising and enjoying the benefits of smaller family sizes.

While this kind of rhetorical slippage occurs from time to time in the draft document for the Cairo meeting, for the most part the document is accurate in recognizing that the main benefits from reducing fertility to the desired number of children accrue to the families themselves, and especially to the women therein. I believe that the document, which the American delegation played a major role in shaping, is a major advance over documents for the two previous International Population Conferences. It is especially valuable in recognizing that restraining rates of population growth is not an end in itself but is desirable because of the improvements in individual welfare that voluntaristic population policies promote. Population policy is effectively interwoven with policies on health, education, women's rights, the environment, and economic development. The emphasis is on expanding, rather than restricting, individual opportunities.

I especially applaud the emphasis on expanding educational opportunities for girls and women. There is no question that improving women's capabilities and options makes them more effective household managers and changes the reproductive calculus. This effect is visible not only in fertility choices but also in child health. I helped to write a monograph for the UN about 8 years ago that demonstrated conclusively that the single most important factor in child survival in developing countries was the educational level of the mother. Advances in women's educational levels are clearly an integral part of both demographic and social modernization.

The focus of population policy will continue to be family planning programs, efforts to enhance the ability of couples to achieve their desired family size. I believe that this focus is

appropriate because family planning programs have demonstrated their value in many different contexts. The expansion of family planning programs has led to higher rates of contraception and lower fertility in a broad range of countries, even in such impoverished settings as Bangladesh. And surveys of women in developing countries demonstrate that hundreds of millions of women want no more children but are not practicing contraception. The current spending on family planning programs is not large. Altogether, they account for only about 2% of all development aid. There is ample scope for extending these programs into new regions and population sectors and for improving the services that are offered.

Where the document could be more forthright, it seems to me, is in acknowledging the long-term nature of population growth processes. It seems to imply that we are making policy decisions that will affect only, or mainly, the present population. But the logic of compound growth assures that small differences, when continued, eventually become large differences. This is illustrated by recent population projections of the UN. If present fertility rates continue unchanged, there will be 21.1 billion people in the world in 2050. On the other hand, if fertility rates immediately fall to the replacement level of about 2.3 children per woman and stay there, there will be 7.7 billion people in 2050. This is basically the discretionary range that we're dealing with, and its huge. Only 56 years down the road, the high variant has about three times as many people as the low variant. No matter how successful we may be in our development efforts, it is hard for me to believe that the prospects for individuals in a world of 22 billion will be better than in a world of 8 billion.

Barber B. Conable, Jr.

July 12, 1994

After I left Congress, when I joined the World Bank, my preoccupation became development, an improved quality of life for the world's people, particularly its poor people. Through official development aid, multilateral lending and private investment, poor people benefit from broadly distributed economic growth. Unfortunately, poor people also suffer from a population growth which, because it offsets economic growth, reduces per capita income and erodes the potential for an improved quality of life. If this were always the result of individual decisions by families there would be little complaint, but in poor countries often choice is not involved. Access to birth control and motivational understanding are not available automatically to the poorest of the poor. Illiteracy, infant mortality and a lack of options for women limit real family choice.

The United States has a legitimate interest in the human rights of people everywhere. Our democratic values should not lead to coercion; we should help our fellow humans to find their way to informed choices. We have made progress in this cause, but we still have a long ways to go.

Approaches to population problems vary. USAID makes grants in this field, while the World Bank loans. Poor countries tend to use grants for operating costs of populations programs (such as contraception supplies, support of NGO's who run programs and provide direct services) while borrowing for investment in health centers, logistic systems and the training of needed local skills. The AID population program, the largest in the world, has been running about $400 million, and this year may exceed $500 million. The World Bank loans about $200 million for this purpose, and is trying to encourage more loans by emphasizing the concessional nature of IDA loans, IDA is the part of the World Bank which lends to the poorest countries, who get 75% of the money for population programs. I compare these two programs to emphasize the importance of American leadership in the overall effort to slow population growth. I'm pleased the Japanese and others are accepting more responsibility in this field, but the continuity and size of the American effort are obviously of leadership quality.

I am optimistic about population statistics, despite a growth rate increasing world population by close to one billion additional people for each of the next two decades. Ninety per cent of the new people will be in the developing world; but economic growth there is improving (6% in real terms last year), and a better quality of life, evidenced by educational advances, improved status for women and reduced infant mortality, gives people the incentive to reduce family size. It is possible in the light of these changes that global population will stabilize below the 11 billion people so generally accepted 10 years ago.

Tremendous pressure will be put on the world's resources in any event, and we cannot be complacent. Population momentum will be high: 45% of the population of Africa is under the age of 15 years (36% for the developing world as a whole) and for the next twenty years a high proportion of the world's population will be of procreative age. Incidentally, contraceptive use is going up quite sharply in some parts of Africa, although AIDS is more the reason than a new-found desire to limit family size.

Probably more than a billion women are now of childbearing age in the developing world, 700 million of them married. Almost half are not using contraceptives, but in the 60's only one in ten even had access to contraception, so we have made progress. It is generally believed that at least 100 million of these women would, if they could, stop having children, or at least space their babies. Of course, successful population programs must also be addressed to the understanding, involvement and active commitment of men.

I hope the United States will continue to press access to family planning through its AID program. I am confident that the World Bank, with a development loan program more than twice the size of the total USAID development program, will continue to urge governments to accept responsibility for population programs while making the necessary concurrent investment in education, social, health, women in development and economic opportunity loans which will give poor people real choices where previously there were none.

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ISBN 0-16-046117-0

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